

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF OHIO  
WESTERN DIVISION

- - -

Harry G. Beyoglides, Jr.,  
Special Administrator of the  
Estate of Robert Andrew  
Richardson, Sr., Deceased,  
Plaintiff,

vs.

Case No. 3:14-CV-00158

Phil Plummer/Montgomery County  
Sheriff, et al.,  
Defendants

- - -

PART I

DEPOSITION OF BRYAN CASTO, M.D.

the Witness herein, called by the Plaintiff under the  
applicable Rules of Civil Procedure, taken before me,  
Whitney Layne, a Notary Public for the State of Ohio, at  
the law firm of Dinkler & Pregon, 5335 Far Hills Avenue,  
Suite 117, Dayton, Ohio 45429 on December 7, 2015 at  
2:26 p.m.

LAYNE & ASSOCIATES  
6723 COOPERSTONE DRIVE  
DUBLIN, OHIO 43017  
614-309-1669

<p>1 APPEARANCES</p> <p>2</p> <p>3 NICHOLAS DICELLO, ESQUIRE</p> <p>4 SPANGENBERG, SHIBLEY &amp; LIBER</p> <p>5 1001 Lakeside Avenue</p> <p>6 Suite 1700</p> <p>7 Cleveland, Ohio 44114</p> <p>8 on behalf of the Plaintiff</p> <p>9</p> <p>10 JAMEY PREGON, ESQUIRE</p> <p>11 LYNNETTE DINKLER, ESQUIRE</p> <p>12 DINKLER &amp; PREGON</p> <p>13 5335 Far Hills Avenue</p> <p>14 Suite 123</p> <p>15 Dayton, Ohio 45429</p> <p>16 on behalf of the Sheriff</p> <p>17 Defendants</p> <p>18</p> <p>19 CARRIE STARTS, ESQUIRE</p> <p>20 ROBERT HOJNOSKI, ESQUIRE</p> <p>21 REMINGER CO., LPA</p> <p>22 525 Vine Street</p> <p>23 Suite 1700</p> <p>24 Cincinnati, Ohio 45202</p> <p>on behalf of the Defendants</p> <p>NaphCare, Inc., Nurse Felicia Foster,</p> <p>Nurse Jon Boehringer, Nurse Krisandra</p> <p>Miles, Medic Steven Stockhauser,</p> <p>and Brenda Garrett Ellis, M.D.</p> <p>Page 2</p>	<p>1 EXAMINATION INDEX</p> <p>2</p> <p>3 BRYAN CASTO, M.D.</p> <p>4 BY MR. DICELLO.....Page 5</p> <p>5</p> <p>6 EXHIBIT INDEX</p> <p>7 Exhibit Marked</p> <p>8 1 .....Page 14</p> <p>9 2 .....Page 14</p> <p>10 3 .....Page 55</p> <p>11 4 .....Page 77</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>Page 4</p>
<p>1 December 7, 2015</p> <p>2 Monday Session</p> <p>3 2:26 p.m.</p> <p>4 - - -</p> <p>5 STIPULATIONS</p> <p>6</p> <p>7 It is stipulated by and among counsel for the</p> <p>8 respective parties that the deposition of BRYAN CASTO,</p> <p>9 M.D., the Witness herein, called by the Plaintiff under</p> <p>10 the applicable Rules of Civil Procedure, may be taken at</p> <p>11 this time by the notary Whitney Layne; that said</p> <p>12 deposition may be reduced to writing in stenotypy by the</p> <p>13 notary, whose notes thereafter may be transcribed out of</p> <p>14 the presence of the witness; and that the proof of the</p> <p>15 official character and qualification of the notary is</p> <p>16 waived.</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>Page 3</p>	<p>1 BRYAN CASTO, M.D.</p> <p>2 Being first duly sworn, as hereinafter</p> <p>3 certified, deposes and says as follows:</p> <p>4 CROSS-EXAMINATION</p> <p>5 BY MR. DICELLO:</p> <p>6 Q Good afternoon.</p> <p>7 A Good afternoon.</p> <p>8 Q Could you please state your name and spell your</p> <p>9 last name, Doctor?</p> <p>10 A Bryan Douglas Casto. Last name is C-A-S-T-O.</p> <p>11 Q Dr. Casto, my name is Nick DiCello. We had a</p> <p>12 chance to meet off the record. You understand you're here</p> <p>13 to have your deposition taken today?</p> <p>14 A Correct.</p> <p>15 Q I presume you've been deposed a number of times</p> <p>16 before?</p> <p>17 A Correct.</p> <p>18 Q And by way of introduction, I think you</p> <p>19 probably understand, but you understand you're here to</p> <p>20 have your deposition taken in connection with the death of</p> <p>21 Robert Richardson?</p> <p>22 A That's right.</p> <p>23 Q And you understand that I'm an attorney who</p> <p>24 represents the family and the estate of Robert Richardson</p> <p>Page 5</p>

<p>1 in a lawsuit that's been filed against the Montgomery</p> <p>2 County Sheriff and some other individuals?</p> <p>3 A Yes.</p> <p>4 Q Do you understand that?</p> <p>5 A Yes.</p> <p>6 Q Doctor, you and I have never met before today;</p> <p>7 correct?</p> <p>8 A That's correct.</p> <p>9 Q And you and I have never had the opportunity to</p> <p>10 speak before today; correct?</p> <p>11 A Correct.</p> <p>12 Q And it's your understanding that I have been</p> <p>13 prohibited from contacting you about the death of</p> <p>14 Mr. Richardson; true?</p> <p>15 A No, I -- I speak to all parties if they're --</p> <p>16 if they call or want to set up an appointment.</p> <p>17 Q Because that's how the public coroner's office</p> <p>18 works; right?</p> <p>19 A That's right.</p> <p>20 Q And I've had experience with some of your</p> <p>21 fellow coroners down there, for example, I met at your</p> <p>22 office with Dr. Russell Uptegrove when I had a question</p> <p>23 about a death of the member of the community, and he</p> <p>24 invited me down to come speak with him. Is that</p> <p style="text-align: right;">Page 6</p>	<p>1 A I would not know if that kind of tactic is</p> <p>2 being used. That would be outside my knowledge.</p> <p>3 BY MR. DICELLO:</p> <p>4 Q Okay.</p> <p>5 A I'm not usually told not to talk to someone, so</p> <p>6 --</p> <p>7 Q Oh, all right.</p> <p>8 A And I wasn't told that in your case.</p> <p>9 Q Well, that is what I was told. Is Ms. Dinkler</p> <p>10 your lawyer?</p> <p>11 MS. DINKLER: Objection to form.</p> <p>12 Go ahead.</p> <p>13 A I do not have an attorney. I understand she's</p> <p>14 representing the county. I am here at the request of a</p> <p>15 deposition regarding this case.</p> <p>16 BY MR. DICELLO:</p> <p>17 Q So you don't have an attorney so you haven't</p> <p>18 had any attorney/client communications with any counsel;</p> <p>19 correct?</p> <p>20 A Oh, no.</p> <p>21 MS. DINKLER: Objection to form. He's an</p> <p>22 employee of the county and he does have attorney/client</p> <p>23 privilege with this firm and the civil department of the</p> <p>24 prosecutor's office in the civil litigation.</p> <p style="text-align: right;">Page 8</p>
<p>1 consistent of what coroners do?</p> <p>2 MS. DINKLER: Objection to form, assumes facts</p> <p>3 not in evidence.</p> <p>4 Go ahead.</p> <p>5 A Yes. Generally, we will meet with any</p> <p>6 attorneys involved.</p> <p>7 BY MR. DICELLO:</p> <p>8 Q And so what is your understanding of why I have</p> <p>9 not been afforded that opportunity to do that in this</p> <p>10 case?</p> <p>11 A I wasn't aware --</p> <p>12 MS. DINKLER: Objection to form.</p> <p>13 Go ahead.</p> <p>14 A I wasn't aware of that --</p> <p>15 BY MR. DICELLO:</p> <p>16 Q Oh, you weren't?</p> <p>17 A -- prevention, no.</p> <p>18 Q That's atypical, isn't it, that somebody would</p> <p>19 instruct an attorney you are not to contact the coroner</p> <p>20 about your client's death?</p> <p>21 MS. DINKLER: Objection to form, time, and</p> <p>22 scope.</p> <p>23 A I would --</p> <p>24 MS. DINKLER: Go ahead.</p> <p style="text-align: right;">Page 7</p>	<p>1 A Yes, I have met with Ms. Dinkler and others in</p> <p>2 her office.</p> <p>3 BY MR. DICELLO:</p> <p>4 Q I'm just asking, are they your attorneys? Are</p> <p>5 they representing you in this case?</p> <p>6 MS. DINKLER: Objection to form.</p> <p>7 BY MR. DICELLO:</p> <p>8 Q If you know?</p> <p>9 A I'm not aware that I needed an attorney.</p> <p>10 Q I didn't think you did, either. But when you</p> <p>11 came in here, you had a thick file with you; correct?</p> <p>12 A Yes.</p> <p>13 Q And you brought that to the deposition because</p> <p>14 you knew we would be talking about information about</p> <p>15 Mr. Richardson's death; correct?</p> <p>16 MS. DINKLER: Objection to form.</p> <p>17 A Correct.</p> <p>18 BY MR. DICELLO:</p> <p>19 Q And so you said, "I've been deposed a lot when</p> <p>20 it comes down to a death of a member of the community and</p> <p>21 I'm going to bring this file of information with me to</p> <p>22 this deposition because it's relevant"; correct?</p> <p>23 MS. DINKLER: Objection to form. And I've</p> <p>24 already told you off the record and I'll state on the</p> <p style="text-align: right;">Page 9</p>

<p>1 record that was not his official file and he was not</p> <p>2 requested to bring a file formally or informally. And</p> <p>3 we've provided you with the report that he produced.</p> <p>4 BY MR. DICELLO:</p> <p>5 <b>Q My question was just: You brought a file with</b></p> <p>6 <b>you today; correct?</b></p> <p>7 A Yes.</p> <p>8 <b>Q What was in that file?</b></p> <p>9 MS. DINKLER: Objection to form.</p> <p>10 I'm not going to instruct you not to answer</p> <p>11 because the contents are privileged other than what's been</p> <p>12 placed on the table.</p> <p>13 THE WITNESS: Okay.</p> <p>14 BY MR. DICELLO:</p> <p>15 <b>Q So are you going to follow Ms. Dinkler's legal</b></p> <p>16 <b>advice to you, Doctor?</b></p> <p>17 MS. DINKLER: As an employee of the county,</p> <p>18 Dr. Casto, this is not a criminal case, this is a civil</p> <p>19 case, and you do have an attorney/client privilege</p> <p>20 communication privilege with the county. And I'm</p> <p>21 instructing you not to answer his question.</p> <p>22 THE WITNESS: Okay.</p> <p>23 BY MR. DICELLO:</p> <p>24 <b>Q I have to ask and then she instructs you not to</b></p> <p style="text-align: right;">Page 10</p>	<p>1 off the record, that's fine. But I would just ask that</p> <p>2 there's no more speaking objections.</p> <p>3 Back to the question.</p> <p>4 MS. DINKLER: We're treading here on very thin</p> <p>5 ice given that a privilege is at stake. And I want</p> <p>6 Dr. Casto to be crystal clear on the parameters of an</p> <p>7 attorney/client privilege in this particular context. In</p> <p>8 no way am I trying to suggest an answer to him.</p> <p>9 Go right ahead.</p> <p>10 BY MR. DICELLO:</p> <p>11 <b>Q Because when you sat down, you told me you</b></p> <p>12 <b>didn't have a lawyer and you didn't think you needed one.</b></p> <p>13 <b>But Ms. Dinkler has told you otherwise today; is that</b></p> <p>14 <b>true?</b></p> <p>15 MS. DINKLER: That is true.</p> <p>16 BY MR. DICELLO:</p> <p>17 <b>Q You're supposed to be answering the questions,</b></p> <p>18 <b>but Ms. Dinkler is answering them for you?</b></p> <p>19 A What's your question?</p> <p>20 <b>Q Before you got here today, you didn't think you</b></p> <p>21 <b>had a lawyer in this case, did you?</b></p> <p>22 MS. DINKLER: Objection.</p> <p>23 A I know there was an attorney representing my</p> <p>24 employer, Montgomery County.</p> <p style="text-align: right;">Page 12</p>
<p>1 <b>answer. But having done this not as many times as you,</b></p> <p>2 <b>Doctor, but having done this a number of times, this is</b></p> <p>3 <b>the first time I've ever encountered a county public</b></p> <p>4 <b>official, a coroner, who is through their lawyer unwilling</b></p> <p>5 <b>to share information with the representative of the</b></p> <p>6 <b>deceased. Have you ever experienced that before?</b></p> <p>7 MS. DINKLER: Objection to form.</p> <p>8 If you understand the question in the context</p> <p>9 of civil litigation where the county, your employer, is a</p> <p>10 defendant, then you can answer the question. But if you</p> <p>11 don't understand the question under that context, you</p> <p>12 shouldn't answer it.</p> <p>13 A Okay.</p> <p>14 MS. DINKLER: You should seek clarification.</p> <p>15 BY MR. DICELLO:</p> <p>16 <b>Q You know to answer questions that you only</b></p> <p>17 <b>understand in a deposition?</b></p> <p>18 A Yes.</p> <p>19 <b>Q All right.</b></p> <p>20 MR. DICELLO: And, Ms. Dinkler, I would just</p> <p>21 ask that an objection to form, foundation, make as many</p> <p>22 objections as you want. But we've had two lengthy</p> <p>23 speaking objections on the record providing the witness</p> <p>24 with instructions. If you want to break and talk to him</p> <p style="text-align: right;">Page 11</p>	<p>1 BY MR. DICELLO:</p> <p>2 <b>Q Okay.</b></p> <p>3 A Not me personally. So when you say my lawyer,</p> <p>4 no, I'm not -- as far as I know, I'm not named in your</p> <p>5 lawsuit yet.</p> <p>6 <b>Q No.</b></p> <p>7 A So I do not see her as my personal lawyer. Is</p> <p>8 she representing my employer? Yes. Do I respect her</p> <p>9 advice in that regard? Yes.</p> <p>10 <b>Q Understood. So the materials that were in your</b></p> <p>11 <b>file that you brought here have been removed from the</b></p> <p>12 <b>file; correct?</b></p> <p>13 MS. DINKLER: Objection to form.</p> <p>14 A Yes.</p> <p>15 BY MR. DICELLO:</p> <p>16 <b>Q And you're going to follow counsel's advice and</b></p> <p>17 <b>you're not going to share with me what documents were in</b></p> <p>18 <b>the file that you deemed pertinent to bring to today's</b></p> <p>19 <b>deposition; correct?</b></p> <p>20 MS. DINKLER: Objection to form.</p> <p>21 A I'm going to follow her advice. As far as what</p> <p>22 I brought today, normally what I would bring to a</p> <p>23 deposition is what is in front of you.</p> <p>24 BY MR. DICELLO:</p> <p style="text-align: right;">Page 13</p>

<p>1       <b>Q Okay.</b></p> <p>2       A Because I have a subpoena, you know, giving me</p> <p>3 some guidance. I don't recall having a subpoena in this</p> <p>4 case.</p> <p>5       <b>Q Nope.</b></p> <p>6       A I had no guidance. So I brought materials that</p> <p>7 I had used in preparation for today. But these are the</p> <p>8 materials from -- or the work product of our office.</p> <p>9       <b>Q Okay. And just so --</b></p> <p>10       MR. DICELLO: Why don't we mark these.</p> <p>11       (Exhibit No. 1 marked for identification.)</p> <p>12 BY MR. DICELLO:</p> <p>13       <b>Q Doctor, handing you what's been marked as</b></p> <p>14 <b>Plaintiff's Exhibit 1 with your name, your last name Casto</b></p> <p>15 <b>at the bottom. You reference this as part of your work</b></p> <p>16 <b>product. Can you identify what Plaintiff's Exhibit 1 is?</b></p> <p>17       MS. DINKLER: Objection to form.</p> <p>18       A Yes. This is a photocopy of the signed autopsy</p> <p>19 report signed by me on Mr. Robert Richardson. Also, not</p> <p>20 attached but commonly would be attached or included in</p> <p>21 mailing of such a report is the toxicology report</p> <p>22 generated by our office but not by myself.</p> <p>23 BY MR. DICELLO:</p> <p>24       <b>Q And then I'm going to hand you what's been</b></p> <p style="text-align: right;">Page 14</p>	<p>1 autopsy report, whatever, and then a property sheet</p> <p>2 detailing what property may have come with the decedent.</p> <p>3 And that's about it.</p> <p>4       <b>Q Photographs?</b></p> <p>5       A Photographs are also part of our product. They</p> <p>6 are in digital format. We retrieve them as needed.</p> <p>7 They're not printed photographs included in some files</p> <p>8 somewhere.</p> <p>9       <b>Q I have a copy of some files that I know were</b></p> <p>10 <b>produced ultimately through your office. And I'm going to</b></p> <p>11 <b>show you those in a moment.</b></p> <p>12       A Okay.</p> <p>13       <b>Q But while we're on this topic, it makes sense</b></p> <p>14 <b>to ask you: Did you take any photographs of your internal</b></p> <p>15 <b>examination?</b></p> <p>16       A I don't believe so, not in this case.</p> <p>17       <b>Q And I only saw a single photograph of a --</b></p> <p>18 <b>looked like a large cross section of the heart. Do you</b></p> <p>19 <b>recall taking that photograph?</b></p> <p>20       A Yes.</p> <p>21       <b>Q What was the purpose of documenting that</b></p> <p>22 <b>photograph?</b></p> <p>23       A That photograph is meant to be a pictorial</p> <p>24 representation of the decedent's dilated left ventricle.</p> <p style="text-align: right;">Page 16</p>
<p>1       <b>marked as Plaintiff's Exhibit 2 that has your last name</b></p> <p>2 <b>Casto underneath it.</b></p> <p>3       (Exhibit No. 2 marked for identification.)</p> <p>4 BY MR. DICELLO:</p> <p>5       <b>Q First, is that something else that you brought</b></p> <p>6 <b>with you to the deposition?</b></p> <p>7       A Yes.</p> <p>8       <b>Q Is that what you're referring to when you say</b></p> <p>9 <b>"work product"?</b></p> <p>10       A Correct.</p> <p>11       <b>Q And can you tell us what Exhibit 2 is please?</b></p> <p>12       A Exhibit 2 is a pair of investigative reports.</p> <p>13 The first and longer of the two is by Mr. Jim Fannin, one</p> <p>14 of our coroner investigators. The second of the two is</p> <p>15 actually an investigative note typed by myself.</p> <p>16       <b>Q So what other documents do you have at the</b></p> <p>17 <b>coroner's office that would make up Mr. Richardson's file</b></p> <p>18 <b>that aren't here with you today?</b></p> <p>19       A Common things in the file, and of course this</p> <p>20 is 2012, so now it's on microfiche so there's no paper</p> <p>21 file, would be things like fingerprint card, generally a</p> <p>22 log of requested items, so I'm sure everyone at this</p> <p>23 table, their requests are logged in there at some point,</p> <p>24 and requests, I'm saying requests of the photographs, the</p> <p style="text-align: right;">Page 15</p>	<p>1       <b>Q Okay.</b></p> <p>2       A And it's a common photograph that I do request</p> <p>3 be taken in cases such as this.</p> <p>4       <b>Q In terms of your microscopic examination, did</b></p> <p>5 <b>you perform any photographs of any slides?</b></p> <p>6       A No. That would not be a standard thing that we</p> <p>7 would do.</p> <p>8       <b>Q All right. Did you preserve the slides</b></p> <p>9 <b>themselves?</b></p> <p>10       A Oh, yes.</p> <p>11       <b>Q And those are also back at the coroner's</b></p> <p>12 <b>office?</b></p> <p>13       A That's right.</p> <p>14       <b>Q And did you preserve any tissue samples in</b></p> <p>15 <b>paraffin?</b></p> <p>16       A The blocks?</p> <p>17       <b>Q The blocks, yeah.</b></p> <p>18       A Tissue blocks in paraffin used to make the</p> <p>19 slides are saved for recut purposes.</p> <p>20       <b>Q Okay.</b></p> <p>21       A We do not release the original slides outside</p> <p>22 the office, because they tend to disappear or get damaged.</p> <p>23 And so when someone wants to review the microscopic</p> <p>24 evaluation, they will order recuts, and so we make new</p> <p style="text-align: right;">Page 17</p>

<p>1 slides from the same tissue blocks. If for some reason,</p> <p>2 rarely, those recuts won't be representative of what was</p> <p>3 in the original slides, then someone can make an</p> <p>4 appointment, and I'll sit there as long as they want and</p> <p>5 watch them look at the original slides.</p> <p>6 <b>Q Okay.</b></p> <p>7 A We provide a microscope in our conference room</p> <p>8 to do that.</p> <p>9 <b>Q The options that you've just described, are</b></p> <p>10 <b>those things that you regularly offer to the public,</b></p> <p>11 <b>either taking recuts or inviting someone to come in and</b></p> <p>12 <b>look at the actual slides under a microscope?</b></p> <p>13 A The recuts are a common request, by attorneys</p> <p>14 generally. Coming in to view the original slides is</p> <p>15 always available. It tends not to be necessary, although</p> <p>16 I have had it once or twice over the years.</p> <p>17 <b>Q And if somebody from my office makes that kind</b></p> <p>18 <b>of request for recuts or to look at the original slides</b></p> <p>19 <b>through Ms. Dinkler's office, would you accommodate those</b></p> <p>20 <b>requests?</b></p> <p>21 A Sure.</p> <p>22 MS. DINKLER: For the record, I've already</p> <p>23 offered all of that to you.</p> <p>24 BY MR. DICELLO:</p> <p style="text-align: right;">Page 18</p>	<p>1 <b>to do that?</b></p> <p>2 MS. DINKLER: Objection to form.</p> <p>3 If you don't know what I've told him, then --</p> <p>4 A Right. I have no opinion about what you've</p> <p>5 been told or not told to do as far as regarding contacting</p> <p>6 me.</p> <p>7 BY MR. DICELLO:</p> <p>8 <b>Q As the coroner whose job it is to meet with</b></p> <p>9 <b>members of the public, representatives on behalf of</b></p> <p>10 <b>deceased family members, that kind of thing, have you ever</b></p> <p>11 <b>encountered a situation where the representative of a</b></p> <p>12 <b>decedent is prohibited from going down to your office and</b></p> <p>13 <b>sitting down with you and having you go over the causes of</b></p> <p>14 <b>death?</b></p> <p>15 MS. DINKLER: Objection to form.</p> <p>16 A Well, again, I probably would never know that,</p> <p>17 just like in this case, if that restriction has been made</p> <p>18 prior to them contacting me. And the reason I say that is</p> <p>19 I get a voice mail, I call them back that day, and we</p> <p>20 talk. So --</p> <p>21 BY MR. DICELLO:</p> <p>22 <b>Q Good.</b></p> <p>23 A Do you see what I'm saying?</p> <p>24 <b>Q I do.</b></p> <p style="text-align: right;">Page 20</p>
<p>1 <b>Q The last time I had occasion to reach out to</b></p> <p>2 <b>the Montgomery County Coroner's Office, I contacted</b></p> <p>3 <b>Mr. Uptegrove, Dr. Uptegrove, and Dr. Uptegrove invited me</b></p> <p>4 <b>down and we sat in a conference room and there was a TV on</b></p> <p>5 <b>the wall and he showed me the photographs and went through</b></p> <p>6 <b>the autopsy and explained things to me as the decedent's</b></p> <p>7 <b>representative. Is that something that you are often</b></p> <p>8 <b>asked to do by members of the public?</b></p> <p>9 MS. DINKLER: Objection to form.</p> <p>10 A Generally, it's -- we -- we do that for</p> <p>11 prosecution or defense attorneys. Occasionally we will be</p> <p>12 asked to do that by family members. We discourage it.</p> <p>13 But ultimately, they can get the photographs if they want</p> <p>14 them.</p> <p>15 BY MR. DICELLO:</p> <p>16 <b>Q And what about counsel for family members? Is</b></p> <p>17 <b>that something --</b></p> <p>18 A Oh, sure.</p> <p>19 MS. DINKLER: Objection to form.</p> <p>20 A Absolutely.</p> <p>21 BY MR. DICELLO:</p> <p>22 <b>Q And just to make sure -- And I want to get away</b></p> <p>23 <b>from this topic. But in this case, it's your</b></p> <p>24 <b>understanding now that I've been told that I'm not allowed</b></p> <p style="text-align: right;">Page 19</p>	<p>1 A I would never know if that prevention has been</p> <p>2 made.</p> <p>3 <b>Q So let me follow up with you. I'm now letting</b></p> <p>4 <b>you know that I've been instructed that I cannot contact</b></p> <p>5 <b>you except through Ms. Dinkler's office. Is this the only</b></p> <p>6 <b>circumstance in your career that you're ever aware of that</b></p> <p>7 <b>prohibition being issued?</b></p> <p>8 MS. DINKLER: Objection to form.</p> <p>9 A I've been asked by prosecutors in the past,</p> <p>10 once I think, not to talk to -- or to tell them when I've</p> <p>11 talked to the defense.</p> <p>12 BY MR. DICELLO:</p> <p>13 <b>Q But you were still permitted to talk to the</b></p> <p>14 <b>defense?</b></p> <p>15 A Yes.</p> <p>16 <b>Q So is this case involving Mr. Richardson's</b></p> <p>17 <b>death in a case that is filed against the Montgomery</b></p> <p>18 <b>County Sheriff's Office the only case that you can ever</b></p> <p>19 <b>remember there being a prohibition against the</b></p> <p>20 <b>representative of a deceased family member from contacting</b></p> <p>21 <b>you, the coroner?</b></p> <p>22 MS. DINKLER: Objection to form. And the</p> <p>23 question is misleading.</p> <p>24 Go ahead.</p> <p style="text-align: right;">Page 21</p>

1 A Once again, to my knowledge, it's the only  
2 case.  
3 BY MR. DICELLO:  
4 Q That's all I'm asking.  
5 A But it doesn't mean it's the only case, because  
6 I would not know about those --  
7 Q Okay.  
8 A -- prohibitions and all that.  
9 Q Do you have any understanding why that  
10 prohibition exists in this case and it's never existed in  
11 any others that you're aware of?  
12 MS. DINKLER: Objection to form, calls for  
13 legal conclusion.  
14 A Yeah, I would not have an interest in answering  
15 that. I don't know what you're -- I'm not an attorney, so  
16 I don't know why that is.  
17 BY MR. DICELLO:  
18 Q Well, let me start off, Doctor, just by setting  
19 some rules on the record. I know you've been through this  
20 plenty of times, but it helps to have them all right there  
21 on the transcript. You have to answer audibly; shrugs and  
22 uh-huhs and huh-uhs are hard to take down. As you have  
23 done, please wait for me to finish my question, I'll wait  
24 for you to finish your answer, and we'll get a clear

Page 22

1 record. I only want you to answer questions that you  
2 understand today, okay?  
3 A Sure.  
4 Q If you don't understand a question that I've  
5 asked you, I want you to tell me that, all right?  
6 A I will.  
7 Q Given that arrangement that we've just created,  
8 if you answer a question that I've asked, I'm going to  
9 assume you understood it; is that fair?  
10 A Okay.  
11 Q Do you understand that you're under oath today?  
12 A Yes.  
13 Q Do you understand that it's the same oath that  
14 you've been under when you testify in front of a jury and  
15 in front of a judge in a court of law?  
16 A Yes.  
17 Q You know if you need to take a break at any  
18 time, just let me know. I'd just ask that if a question  
19 is pending, answer it first, and then we'll take a break,  
20 okay?  
21 A Okay.  
22 Q Doctor, in advance of today's deposition, did  
23 you review any documents to prepare?  
24 A Yes.

Page 23

1 Q Can you tell me what you reviewed?  
2 A I reviewed some medical records of Robert  
3 Richardson.  
4 Q Can we do this one at a time? It might be  
5 faster.  
6 A Sure.  
7 Q I'll make sure you get out all of your answer,  
8 Doctor. But what medical records did you review of  
9 Mr. Richardson in advance of today's deposition?  
10 A I believe one item was generated by the jail  
11 healthcare professionals themselves --  
12 Q Okay.  
13 A -- regarding -- on the day of his death. The  
14 other medical record I reviewed was actually from I think  
15 an admission in -- or an ER, a couple ER visits in 2010  
16 regarding pain of varying types.  
17 Q Any other medical records that you reviewed?  
18 A Not to my knowledge.  
19 Q Doctor, did you review either of the two sets  
20 of medical records you just described at any time prior to  
21 completing your postmortem examination?  
22 A As far as generating the report?  
23 Q Correct.  
24 A Most likely I did, yes.

Page 24

1 Q So your file, then, should have somewhere in it  
2 the NaphCare medical records from the jail as well as this  
3 2010 emergency room visit?  
4 A No.  
5 Q So how would you review these sets of medical  
6 records before issuing your autopsy report and then no  
7 longer have them?  
8 A Well, we get, as you can imagine, reams and  
9 reams of paper records to review on the, whatever, 1,600  
10 autopsies we do, plus a lot of other death certificates we  
11 generate. And there's no physical way we would have the  
12 staff or resources to retain all of that or to scan it  
13 somehow or whatever. So basically, my practice, as well  
14 as the practice of multiple -- of the other pathologists,  
15 is once the report is signed, then those items are  
16 destroyed, meaning we recycle the paper.  
17 Q So do you have a specific recollection in your  
18 mind of having reviewed the records that you just  
19 described for me that you reviewed prior to signing your  
20 report?  
21 A No, I do not have an independent recollection  
22 of reviewing those at that time. You know, it was three  
23 years ago.  
24 Q Sure. Are you just saying by habit or

Page 25

<p>1 practice, more likely than not you would have reviewed the</p> <p>2 records that you reviewed in anticipation of today's</p> <p>3 deposition before you completed the autopsy report?</p> <p>4 A That's correct.</p> <p>5 Q And would there be documentation somewhere in</p> <p>6 your file of having received or reviewed these medical</p> <p>7 records?</p> <p>8 A No.</p> <p>9 Q So you told me what medical records you</p> <p>10 reviewed. Back to my question. What else did you review</p> <p>11 to prepare for today's deposition?</p> <p>12 A Okay. I do remember reviewing corrections</p> <p>13 officers' reports or accounts of the event on the date of</p> <p>14 Mr. Richardson's death. I don't remember the content of</p> <p>15 those reports, but I do recall reading multiple</p> <p>16 corrections officers' statements.</p> <p>17 Q Again, maybe one at a time. I promise I think</p> <p>18 it's going to be faster.</p> <p>19 A Sure.</p> <p>20 Q Who provided you with those CO accounts?</p> <p>21 A Probably our -- our investigator.</p> <p>22 Q Mr. Fannin?</p> <p>23 A Yes. And he would have acquired them I'm sure</p> <p>24 from the jail.</p> <p style="text-align: right;">Page 26</p>	<p>1 happened to Mr. Richardson?</p> <p>2 A I don't recall.</p> <p>3 Q Let me just follow up. As you sit here today,</p> <p>4 you recall reviewing correction officer statements; true?</p> <p>5 A Uh-huh.</p> <p>6 Q Yes?</p> <p>7 A Yes.</p> <p>8 Q As you sit here today, you don't recall having</p> <p>9 reviewed any detainee eyewitness accounts; correct?</p> <p>10 A I just don't recall. I would do that, and I</p> <p>11 have done that in other jail deaths, and I just cannot --</p> <p>12 I don't want to confuse it with this case, so I'm not sure</p> <p>13 about that.</p> <p>14 Q So your best answer --</p> <p>15 A But that would be a common thing for me to do.</p> <p>16 Q So I think, did you mean to say that you</p> <p>17 reviewed the correction officer accounts before issuing</p> <p>18 the report and then you reviewed them again before today's</p> <p>19 deposition?</p> <p>20 MS. DINKLER: Objection.</p> <p>21 Go ahead.</p> <p>22 A I have not reviewed them a second time.</p> <p>23 BY MR. DICELLO:</p> <p>24 Q All right.</p> <p style="text-align: right;">Page 28</p>
<p>1 Q And do you remember the format -- I'm going to</p> <p>2 show you what is Plaintiff's Exhibit 1, doesn't have your</p> <p>3 name underneath it. But kind of going through this, does</p> <p>4 this appear to be the format that you read the corrections</p> <p>5 officers' statements?</p> <p>6 A I do not remember that kind of detail, no.</p> <p>7 Q The accounts of the correction officers that</p> <p>8 you believe you reviewed before issuing your autopsy</p> <p>9 report, are those documents that you would maintain in</p> <p>10 your record for this case?</p> <p>11 A No.</p> <p>12 Q So those would also be destroyed?</p> <p>13 A That's right.</p> <p>14 Q Is there any documentation anywhere in your</p> <p>15 files that show which correction officers' accounts you</p> <p>16 reviewed?</p> <p>17 A No.</p> <p>18 Q Do you know whether you reviewed all of them or</p> <p>19 some of them?</p> <p>20 A I would have reviewed -- We would have</p> <p>21 requested all of them and I would have reviewed all of the</p> <p>22 ones that I received.</p> <p>23 Q Did you receive any narrative statements on</p> <p>24 behalf of detainees who claim to have witnessed what</p> <p style="text-align: right;">Page 27</p>	<p>1 A They have not been provided to me.</p> <p>2 Q What other documents have you reviewed to</p> <p>3 prepare for today's deposition?</p> <p>4 A Mainly the medical literature regarding</p> <p>5 restraint-type deaths.</p> <p>6 Q Can you cite any of it to me, either by</p> <p>7 citation or just source, Doctor?</p> <p>8 A I can probably just tell you some authors.</p> <p>9 Q Sure.</p> <p>10 A Di Maio.</p> <p>11 Q Oh, boy. Okay.</p> <p>12 A Hollaran.</p> <p>13 Q How are we spelling Hollaran?</p> <p>14 A H-O-L-L-A-R-A-N, I think. Chan, C-H-A-N, I</p> <p>15 believe. Reay, R-A-E-Y-E (sic), I believe. And then</p> <p>16 there's others that I do not recall names.</p> <p>17 Q Dr. Vincent Di Maio; correct?</p> <p>18 A Correct.</p> <p>19 Q He's a frequently used defense expert; you</p> <p>20 understand that?</p> <p>21 MS. DINKLER: Objection to form.</p> <p>22 A Actually, I'm not familiar with that part of</p> <p>23 his career.</p> <p>24 BY MR. DICELLO:</p> <p style="text-align: right;">Page 29</p>



<p>1       <b>Q</b>   <b>Okay.</b></p> <p>2       A    I'm more interested in his writings while he</p> <p>3       was practicing forensic pathology prior to his defense</p> <p>4       career.</p> <p>5       <b>Q</b>   <b>Did you do anything to evaluate the potential</b></p> <p>6       <b>bias that Dr. Di Maio may have?</b></p> <p>7       MS. DINKLER: Objection to form; assumes facts</p> <p>8       not in evidence.</p> <p>9       Go ahead.</p> <p>10      A    Well, maybe it's just me, but I assume there's</p> <p>11      bias in every, even the best planned research paper or</p> <p>12      text. So I read things knowing that there's bias there.</p> <p>13      BY MR. DICELLO:</p> <p>14      <b>Q</b>   <b>Were you aware that Dr. Di Maio has published</b></p> <p>15      <b>and authored a book entitled Excited Delirium?</b></p> <p>16      A    I have the book.</p> <p>17      <b>Q</b>   <b>How long have you had Dr. Di Maio's book</b></p> <p>18      <b>Excited Delirium?</b></p> <p>19      A    Years.</p> <p>20      <b>Q</b>   <b>Are you a doctor who is in the camp of doctors</b></p> <p>21      <b>who believe excited delirium is a legitimate diagnosis?</b></p> <p>22      A    Yes.</p> <p>23      <b>Q</b>   <b>It's not a diagnosis that applies to</b></p> <p>24      <b>Mr. Richardson; correct?</b></p> <p style="text-align: right;">Page 30</p>	<p>1       to make sure I understand what you're asking.</p> <p>2       <b>Q</b>   <b>Yeah, I'll do my best. Not sure if I'll</b></p> <p>3       <b>rephrase it or just repeat it.</b></p> <p>4       A    Okay.</p> <p>5       <b>Q</b>   <b>To a reasonable degree of medical certainty,</b></p> <p>6       <b>can you tell us that Mr. Richardson died from excited</b></p> <p>7       <b>delirium?</b></p> <p>8       MS. DINKLER: Objection to form, lacks</p> <p>9       foundation.</p> <p>10      Go ahead.</p> <p>11      A    Well, my opinion on the report I would place in</p> <p>12      the category of reasonable medical certainty.</p> <p>13      BY MR. DICELLO:</p> <p>14      <b>Q</b>   <b>Sure.</b></p> <p>15      A    And does it use the term "excited delirium?"</p> <p>16      No, it does not. Is there anything in my report that</p> <p>17      would counter the argument that this could be an excited</p> <p>18      delirium death? No, there is not. And so when you ask me</p> <p>19      have I ruled that out, I would say no, because there's</p> <p>20      nothing in my written opinion that would prevent someone</p> <p>21      from saying, "Hey, this could fall under the camp of</p> <p>22      excited delirium in some way." And I would say, "I can</p> <p>23      see your opinion on that."</p> <p>24      <b>Q</b>   <b>Okay.</b></p> <p style="text-align: right;">Page 32</p>
<p>1       A    It may or may not.</p> <p>2       <b>Q</b>   <b>Okay.</b></p> <p>3       A    I did not use that diagnosis in my report as --</p> <p>4       as you know.</p> <p>5       <b>Q</b>   <b>And in coming to conclusions about the cause of</b></p> <p>6       <b>death to a reasonable degree of medical certainty, you</b></p> <p>7       <b>excluded excited delirium as a cause from your report;</b></p> <p>8       <b>correct?</b></p> <p>9       A    I would not say that.</p> <p>10      <b>Q</b>   <b>So did Mr. Richardson die from excited</b></p> <p>11      <b>delirium?</b></p> <p>12      A    I do not know. I would not argue with someone</p> <p>13      if they wanted to place him in that category.</p> <p>14      <b>Q</b>   <b>Well, let me put it this way, Doctor. To a</b></p> <p>15      <b>reasonable --</b></p> <p>16      MS. DINKLER: Hold on.</p> <p>17      Were you finished?</p> <p>18      THE WITNESS: Yeah.</p> <p>19      BY MR. DICELLO:</p> <p>20      <b>Q</b>   <b>If you're not, just let me know.</b></p> <p>21      <b>To a reasonable degree of medical certainty,</b></p> <p>22      <b>can you tell us that Mr. Richardson died from excited</b></p> <p>23      <b>delirium?</b></p> <p>24      A    Why don't you rephrase that question? I want</p> <p style="text-align: right;">Page 31</p>	<p>1       A    I did not use that term in my report.</p> <p>2       <b>Q</b>   <b>Why not?</b></p> <p>3       A    I don't know. It's three years ago, or three</p> <p>4       and a half years ago. I don't -- probably wouldn't</p> <p>5       accurately recall the exact logic I was using. But the</p> <p>6       way I phrased it seems to be logical, seems to be</p> <p>7       understandable, and accurate, and easy for someone to</p> <p>8       understand. Putting down "excited delirium" as the term</p> <p>9       itself being the cause of death I think can create a lot</p> <p>10      of misunderstandings, a lot of confusion for families and</p> <p>11      attorneys. And so I did not use that term in this case.</p> <p>12      <b>Q</b>   <b>If it was your conclusion to a reasonable</b></p> <p>13      <b>degree of medical certainty that Mr. Richardson died from</b></p> <p>14      <b>excited delirium, you would be obligated to put that in</b></p> <p>15      <b>your report; true?</b></p> <p>16      A    The term "excited delirium" is just someone's</p> <p>17      term, okay? Chosen phrase. But it really refers to more</p> <p>18      of a physiology or mechanism. And so I don't feel</p> <p>19      obligated to use that term. I don't feel obligated to use</p> <p>20      the exact terminology of Vincent Di Maio or any of these</p> <p>21      other authors I've read.</p> <p>22      My goal when I'm generating a report, whether</p> <p>23      it's this case or a straightforward heart attack, is that</p> <p>24      it be a working report that someone can understand and</p> <p style="text-align: right;">Page 33</p>

<p>1 that I can understand years later when I'm in this</p> <p>2 situation. And so I have phrased it in that way.</p> <p>3 But my unwillingness in 2012 to use the term</p> <p>4 "excited delirium" as the cause of death opinion, again,</p> <p>5 in my mind, does not rule that diagnosis out just because</p> <p>6 I didn't use the term.</p> <p>7 <b>Q Have you ever used that term in an autopsy</b></p> <p>8 <b>report?</b></p> <p>9 A I have probably once or twice, generally in</p> <p>10 parentheses after saying something like this.</p> <p>11 <b>Q Okay.</b></p> <p>12 A Again, just trying to be clear in those</p> <p>13 circumstances.</p> <p>14 <b>Q Excited delirium as a diagnosis is not</b></p> <p>15 <b>recognized by the American Medical Association, is it?</b></p> <p>16 A Well, I don't know what the American Medical</p> <p>17 Association recognizes. I find myself at odds with them</p> <p>18 on a lot of things.</p> <p>19 <b>Q You find yourself at odds with the AMA on a lot</b></p> <p>20 <b>of things?</b></p> <p>21 A Well, I'm saying political. But I do not know</p> <p>22 what they recognize as a legitimate diagnosis or not.</p> <p>23 It's a -- That changes all the time, what they recognize</p> <p>24 and what they don't recognize.</p> <p style="text-align: right;">Page 34</p>	<p>1 <b>Q Okay.</b></p> <p>2 A -- like the DSM IV for something like forensic</p> <p>3 pathology.</p> <p>4 <b>Q For the reasons I think you've tried to explain</b></p> <p>5 <b>for us, you did not include excited delirium anywhere in</b></p> <p>6 <b>your autopsy; correct?</b></p> <p>7 MS. DINKLER: Asked and answered.</p> <p>8 A Correct.</p> <p>9 BY MR. DICELLO:</p> <p>10 <b>Q And the term "excited delirium" doesn't appear</b></p> <p>11 <b>on any work product that you generated in connection with</b></p> <p>12 <b>Mr. Richardson's death; correct?</b></p> <p>13 A Correct.</p> <p>14 <b>Q Excluding any conversations you've had with</b></p> <p>15 <b>your attorneys in this case, have you ever suggested to</b></p> <p>16 <b>anyone that Mr. Richardson died from excited delirium?</b></p> <p>17 MS. DINKLER: Objection to form.</p> <p>18 Go ahead.</p> <p>19 A No.</p> <p>20 BY MR. DICELLO:</p> <p>21 <b>Q The medical literature that you've told me you</b></p> <p>22 <b>reviewed in advance of today's deposition, did you review</b></p> <p>23 <b>that medical literature prior to issuing your autopsy</b></p> <p>24 <b>report in June of 2012?</b></p> <p style="text-align: right;">Page 36</p>
<p>1 <b>Q Okay.</b></p> <p>2 A I don't try to keep up with that.</p> <p>3 <b>Q To your knowledge, has the AMA ever recognized</b></p> <p>4 <b>excited delirium as a legitimate diagnosis?</b></p> <p>5 A Oh, I have no idea.</p> <p>6 <b>Q Are you aware of any professional organizations</b></p> <p>7 <b>that do recognize excited delirium as a legitimate</b></p> <p>8 <b>diagnosis?</b></p> <p>9 MS. DINKLER: Objection to form.</p> <p>10 Go ahead.</p> <p>11 A Well, I'm not -- I'm not aware of organizations</p> <p>12 that make a practice of recognizing or not recognizing</p> <p>13 each individual diagnostic terminology.</p> <p>14 BY MR. DICELLO:</p> <p>15 <b>Q Oh. What about the DSM IV? Are you familiar</b></p> <p>16 <b>with that?</b></p> <p>17 A Sure.</p> <p>18 <b>Q That's a whole book that recognizes diagnoses;</b></p> <p>19 <b>correct?</b></p> <p>20 A Psychiatric diagnoses, that's right.</p> <p>21 <b>Q And aren't there similar publications published</b></p> <p>22 <b>by the AMA and the association of forensic pathology</b></p> <p>23 <b>groups that recognize legitimate diagnoses in the field?</b></p> <p>24 A I'm not aware of that kind of handbook --</p> <p style="text-align: right;">Page 35</p>	<p>1 A Not all of it, but probably some of it.</p> <p>2 <b>Q Did you document anywhere in your file what</b></p> <p>3 <b>medical literature you reviewed?</b></p> <p>4 A No.</p> <p>5 <b>Q Did you rely on any of that literature to come</b></p> <p>6 <b>to your conclusions in the autopsy?</b></p> <p>7 A Well, I rely on my working knowledge of the</p> <p>8 literature all the time. So I guess that would be true in</p> <p>9 some ways, yes.</p> <p>10 <b>Q And how did you access this medical literature</b></p> <p>11 <b>where you were kind enough to share with me the authors of</b></p> <p>12 <b>the medical literature? A lot of doctors have different</b></p> <p>13 <b>ways of doing that, Doctor. How do you access this</b></p> <p>14 <b>literature?</b></p> <p>15 A The textbooks I would own or the office would</p> <p>16 own in the library. And then the articles would be</p> <p>17 through internet searches.</p> <p>18 <b>Q What textbooks did you review, if any?</b></p> <p>19 A Well, you mentioned --</p> <p>20 <b>Q Di Maio.</b></p> <p>21 A Of course, he's written multiple textbooks.</p> <p>22 <b>Q Yeah.</b></p> <p>23 A And I'm not limiting my review of his writings</p> <p>24 just to the excited delirium text. So what's your</p> <p style="text-align: right;">Page 37</p>

1 question?

2 **Q I'm just trying to understand what textbooks**

3 **did you review versus what articles did you look at?**

4 MS. DINKLER: And this is in what time period?

5 BY MR. DICELLO:

6 **Q Prior to issuing your autopsy.**

7 A Oh, okay.

8 MS. DINKLER: So before. Before the autopsy.

9 A 2012, I would not be able to recall the exact

10 writings I reviewed at that time.

11 BY MR. DICELLO:

12 **Q And how about in advance of today's deposition?**

13 **Can you tell me which texts versus which articles?**

14 A Di Maio's Handbook of Forensic Pathology as

15 well as his main forensic pathology text, I think it's

16 just called Forensic Pathology. Excited Delirium text I

17 read years ago. I have not referred to that recently.

18 **Q So that's the only texts you reviewed, were --**

19 A No, Spitz and Fisher, Medicolegal Death

20 Investigation, I reviewed that.

21 **Q Spitz and Fisher, you regard those authors as**

22 **reliable sources?**

23 A Well, you know, I'm asked that question all the

24 time.

Page 38

1 **Q Yeah.**

2 A It's always asked in the vein do you agree with

3 it, if it's written, do you agree with it. No, I don't,

4 okay?

5 **Q But it's a text that you refer to in your work?**

6 A Sure.

7 Bernard Knight, forensic pathology text, I have

8 used that many times over the years.

9 **Q And Spitz, it's Werner Spitz?**

10 A Correct.

11 **Q And his son Daniel?**

12 A Correct.

13 **Q That's a book that you have at the coroner's**

14 **office?**

15 A Yes.

16 **Q All right. Did you refer to the Spitz text in**

17 **-- before sitting for today's deposition?**

18 A No.

19 **Q And so we've talked about the Di Maio text and**

20 **some other texts. But all the other folks on here that**

21 **you listed, Hollaran, Chan, Reay, and others, those are**

22 **the actual articles that you reviewed?**

23 A Articles or editorials or summaries of

24 literature.

Page 39

1 **Q How did you access these articles?**

2 A Through the internet.

3 **Q And what portal or source do you use?**

4 A Multiple. I would not -- You mean like what

5 search engine, or --

6 **Q Yeah.**

7 A I just Google, or MEDLINE.

8 **Q MEDLINE?**

9 A Yeah.

10 **Q What were your search terms?**

11 A Probably just restraint to deaths, restraint

12 asphyxia, prone or hog-tie positions. That's probably

13 about it. Where I got most of those.

14 **Q Did you print any of these articles out?**

15 A Yes.

16 **Q And where are those articles?**

17 A Several of them are right in there.

18 **Q Okay. Can you retrieve those for me, please?**

19 MS. DINKLER: Are you wanting to take a break?

20 MR. DICELLO: Sure.

21 (Recess taken.)

22 BY MR. DICELLO:

23 **Q We're back on the record, Doctor, after you**

24 **were kind enough to go retrieve the medical literature**

Page 40

1 **that's contained in the file you brought with you to**

2 **today's deposition. Those -- Do you remember when we**

3 **started out the deposition, you had a file with you, you**

4 **then stepped out of the room with Ms. Dinkler and**

5 **Mr. Pregon, and came back in with the two documents you've**

6 **identified as Exhibit 1 and 2 for the Casto deposition;**

7 **correct?**

8 A Correct.

9 **Q So the medical literature that you just**

10 **referred to me was removed from the file while you were**

11 **out of the room?**

12 MS. DINKLER: Objection to form.

13 A That's correct.

14 BY MR. DICELLO:

15 **Q Did you remove that from the file or did**

16 **Ms. Dinkler?**

17 MS. DINKLER: I did, because I didn't know if

18 it was anything that he was referring to or referencing in

19 terms of this deposition.

20 Go ahead.

21 A That's true.

22 BY MR. DICELLO:

23 **Q And I think what Ms. Dinkler said on the record**

24 **is that -- or maybe it wasn't on the record, was that she**

Page 41

<p>1 <b>was going to remove all of the documents in there that</b>  2 <b>were subject to some kind of attorney/client privilege.</b>  3 <b>Were you instructed to look at the medical literature by</b>  4 <b>counsel?</b></p> <p>5 MS. DINKLER: Objection to form. If he were,  6 he is instructed not to answer, because it would be  7 attorney/client privilege. He did not bring an official  8 file, nor was he commanded to bring a file. He brought a  9 folder that is of no, quote, unquote, "title," it's not an  10 official folder from anything. He has -- He is going to  11 be identified not only as a lay witness but as an expert  12 witness. There are protections to work product and  13 privilege. It is those protections I was relying upon  14 with regard to the file.</p> <p>15 BY MR. DICELLO:</p> <p>16 <b>Q Did anybody instruct you to go find that</b>  17 <b>medical literature or did you do that on your own?</b></p> <p>18 MS. DINKLER: Objection to form.</p> <p>19 You can't testify to anything that I told you,  20 but you can testify to things that I didn't tell you.</p> <p>21 A No. Just my typical preparation for a  22 deposition. It has nothing to do with someone telling me  23 to look up an article or review the literature.</p> <p>24 BY MR. DICELLO:</p> <p style="text-align: right;">Page 42</p>	<p>1 <b>two?</b></p> <p>2 A Quarter inch, half inch.</p> <p>3 <b>Q All right.</b></p> <p>4 MS. DINKLER: There's six documents being  5 copied for you that are his literature. On top of that,  6 there was communication from my office, which I saw. And  7 I saw this. I did not thumb through everything that was  8 in the folder. He was not asked to bring a folder. He  9 was not subpoenaed to bring a folder. I've given you  10 Exhibits 1 and 2. You're getting the medical literature,  11 which I was not aware he relied upon, he was not commanded  12 to bring anything, and the communications from my office  13 are not being produced.</p> <p>14 BY MR. DICELLO:</p> <p>15 <b>Q Doctor, other than any correspondence from</b>  16 <b>Ms. Dinkler's office, what was in your file you brought</b>  17 <b>with you to the deposition? I'm sorry we're taking so</b>  18 <b>much time on this.</b></p> <p>19 A That's okay. These two documents.</p> <p>20 <b>Q Referring to Exhibits 1 and 2 for the Casto?</b></p> <p>21 A That's correct.</p> <p>22 <b>Q Okay.</b></p> <p>23 A The literature that I think they're making a  24 copy of.</p> <p style="text-align: right;">Page 44</p>
<p>1 <b>Q Yeah, that's why I thought it was odd that</b>  2 <b>those materials were removed from the file.</b></p> <p>3 A And she had not seen those articles until at  4 this moment.</p> <p>5 <b>Q Okay.</b></p> <p>6 MS. DINKLER: Move to strike.</p> <p>7 BY MR. DICELLO:</p> <p>8 <b>Q I guess what I'm getting at, and I guess this</b>  9 <b>is a question for Ms. Dinkler, is --</b></p> <p>10 MR. DICELLO: What other non-privileged  11 documents are in a file that this witness brought with him  12 to this deposition? Because as he told me, he believed it  13 was relevant documents in there, that have been withheld  14 in addition to the medical literature. Because I think  15 you'll agree the medical literature isn't privileged;  16 correct?</p> <p>17 MS. DINKLER: And you're receiving it. It's  18 being copied.</p> <p>19 MR. DICELLO: Right. So why wasn't that turned  20 over.</p> <p>21 MS. DINKLER: He had communication from my  22 office.</p> <p>23 BY MR. DICELLO:</p> <p>24 <b>Q How thick is this medical literature, a inch or</b></p> <p style="text-align: right;">Page 43</p>	<p>1 <b>Q Anything else?</b></p> <p>2 A And the medical records I referred to earlier.</p> <p>3 <b>Q Okay.</b></p> <p>4 MR. DICELLO: Will you retrieve them?</p> <p>5 A Again, I don't know, ten pages of NaphCare and  6 the 2010 complaint.</p> <p>7 MR. DICELLO: Can you retrieve the medical  8 records for us, too, so we can --</p> <p>9 MS. DINKLER: Yes. Those are documents that he  10 received from my office, that is work product, and they're  11 documents that were exchanged here. And he's already  12 testified that he reviewed them and didn't rely upon them.</p> <p>13 Is that correct?</p> <p>14 MR. DICELLO: Well, how is it work product?  15 You didn't create those records. They're hospital records  16 of my client. How is that work product?</p> <p>17 MS. DINKLER: He received them from me.</p> <p>18 MR. DICELLO: So? So what? How does that make  19 them work product? Am I missing something?</p> <p>20 MS. DINKLER: I'll go through them and see if  21 there's any notes that need to be redacted from them on  22 another break. Do you want me to go do that now?</p> <p>23 MR. DICELLO: What I wanted to do was just  24 review his file while he was here.</p> <p style="text-align: right;">Page 45</p>

<p>1 MS. DINKLER: Well, you refer to this, Nick,</p> <p>2 and I'm not trying to be difficult or get off on a bad</p> <p>3 foot, but you refer to this as a file that the doctor was</p> <p>4 commanded to bring.</p> <p>5 MR. DICELLO: He called it a file.</p> <p>6 MS. DINKLER: That's not it.</p> <p>7 MR. DICELLO: I didn't say I commanded him. I</p> <p>8 said, "Doctor, is that your file" and he goes, "yeah,</p> <p>9 that's my file."</p> <p>10 THE WITNESS: It's a manilla folder.</p> <p>11 MS. DINKLER: It's a folder. It's not a file,</p> <p>12 quote, unquote.</p> <p>13 MR. DICELLO: Okay.</p> <p>14 BY MR. DICELLO:</p> <p>15 <b>Q So the manilla folder you brought with you.</b></p> <p>16 <b>I'm not trying to make this something it's not.</b></p> <p>17 A Yeah, it's a manilla folder with paper in it.</p> <p>18 When you say "file," that's what I --</p> <p>19 BY MR. DICELLO:</p> <p>20 <b>Q That's what I meant.</b></p> <p>21 A We've already talked about the official file at</p> <p>22 the coroner's office.</p> <p>23 MS. DINKLER: I have produced the official</p> <p>24 file, in discovery, of the coroner's office so that we</p> <p style="text-align: right;">Page 46</p>	<p>1 <b>fellowship in forensic pathology?</b></p> <p>2 A 2004.</p> <p>3 <b>Q In 2004, where did you go to practice forensic</b></p> <p>4 <b>pathology?</b></p> <p>5 A Stayed at the place of my fellowship, at</p> <p>6 Montgomery County Coroner's Office.</p> <p>7 <b>Q What is your position at the coroner's office?</b></p> <p>8 A I'm one of the deputy coroners for the</p> <p>9 pathologist. I'm also the Director of Operations, which</p> <p>10 basically means I'm in charge of the morgue, the</p> <p>11 investigations, and photography.</p> <p>12 <b>Q Is that a full-time position ever since you've</b></p> <p>13 <b>been employed with the Montgomery County Coroner's Office</b></p> <p>14 <b>after your fellowship?</b></p> <p>15 A Yes.</p> <p>16 <b>Q Have you held any other professional jobs or</b></p> <p>17 <b>positions where you've been practicing forensic pathology,</b></p> <p>18 <b>other than Montgomery County Coroner's Office?</b></p> <p>19 A I did some --</p> <p>20 THE WITNESS: I'm sorry.</p> <p>21 MS. DINKLER: Pass that down to the court</p> <p>22 reporter.</p> <p>23 THE WITNESS: Okay.</p> <p>24 BY MR. DICELLO:</p> <p style="text-align: right;">Page 48</p>
<p>1 were prepared for today.</p> <p>2 BY MR. DICELLO:</p> <p>3 <b>Q Well, Doctor, I appreciate you bringing those</b></p> <p>4 <b>materials in your manilla folder and, hopefully, we'll get</b></p> <p>5 <b>this sorted out sooner rather than later.</b></p> <p>6 <b>But while we're waiting for the materials from</b></p> <p>7 <b>your manilla folder that you brought with you, let me see</b></p> <p>8 <b>if I can get some information about your background a</b></p> <p>9 <b>little bit, Doctor.</b></p> <p>10 A Okay.</p> <p>11 <b>Q When did you become licensed to practice</b></p> <p>12 <b>forensic pathology?</b></p> <p>13 A Well, I got an Ohio training license during my</p> <p>14 fellowship, and probably my permanent license somewhere</p> <p>15 around 2002.</p> <p>16 <b>Q Are you licensed to practice medicine in the</b></p> <p>17 <b>State of Ohio?</b></p> <p>18 A Yes.</p> <p>19 <b>Q Any other states?</b></p> <p>20 A Indiana.</p> <p>21 <b>Q How long have you been practicing forensic</b></p> <p>22 <b>pathology in Ohio?</b></p> <p>23 A Including my fellowship years? Since 2002.</p> <p>24 <b>Q And when was it that you completed your</b></p> <p style="text-align: right;">Page 47</p>	<p>1 <b>Q Answer this question and then we'll be able to</b></p> <p>2 <b>move on to the documents.</b></p> <p>3 A Okay. Repeat it.</p> <p>4 <b>Q It sounds to me like you had a fellowship in</b></p> <p>5 <b>forensic pathology at Montgomery County Coroner's Office,</b></p> <p>6 <b>and then you said, I stayed there for my employment and</b></p> <p>7 <b>I've been practicing forensic pathology there as a deputy</b></p> <p>8 <b>county coroner and some other things you described since</b></p> <p>9 <b>2004. My question is: Have you had any other</b></p> <p>10 <b>professional positions outside of your employment history</b></p> <p>11 <b>with Montgomery County where you've practiced forensic</b></p> <p>12 <b>pathology?</b></p> <p>13 A For pay or just any --</p> <p>14 <b>Q Let's start with the for pay.</b></p> <p>15 A Okay. I have done some medical/legal</p> <p>16 consultation for a local attorney in Dayton for about a</p> <p>17 year and a half.</p> <p>18 <b>Q You said -- Did you say a local attorney?</b></p> <p>19 A Uh-huh.</p> <p>20 <b>Q Who was that?</b></p> <p>21 A Dwight Brannon.</p> <p>22 <b>Q Dwight Brannon?</b></p> <p>23 A Correct.</p> <p>24 <b>Q What kind of law does Mr. Brannon practice?</b></p> <p style="text-align: right;">Page 49</p>

1 MS. DINKLER: Objection.  
2 If you know.  
3 A I do not know.  
4 BY MR. DICELLO:  
5 **Q Well, what kind of cases was Mr. Brannon having**  
6 **you review?**  
7 A They were medical-legal, medical malpractice  
8 cases, I guess. But I do not know if that's the limit of  
9 his practice.  
10 **Q Was Mr. Brannon representing plaintiffs or the**  
11 **defendants?**  
12 A I do not know.  
13 **Q Do you know if he was representing a healthcare**  
14 **provider or a patient?**  
15 A I do not know.  
16 **Q Did you issue any reports in connection with**  
17 **any cases Mr. Brannon retained you on?**  
18 A Yes.  
19 **Q How many times, approximately, did Mr. Brannon**  
20 **retain you for medical/legal consultation?**  
21 A Probably ten cases probably.  
22 **Q Ten cases all within that -- how long did you**  
23 **say, about --**  
24 A Year and a half.

Page 50

1 **Q Year and a half? Yes?**  
2 A Yes.  
3 **Q Were you ever deposed in connection with those**  
4 **cases?**  
5 A I believe in one case.  
6 **Q Did you ever testify at trial in any of those**  
7 **cases?**  
8 A Prepared to, but it settled.  
9 **Q What was the name of the case you were deposed**  
10 **in if you remember?**  
11 A I do not know.  
12 **Q Did it involve any issues that are at issue**  
13 **similar to Mr. Richardson's death?**  
14 A No. It was a natural death, it was a cardiac  
15 death.  
16 **Q Were you providing causation opinions?**  
17 A Yes. Most of my work with Mr. Brannon was as a  
18 screener to direct him, reviewing records and directing  
19 him, hey, I don't think there's anything here, or he would  
20 ask me specific questions about issues on particular  
21 cases.  
22 **Q Sure. Did you have an understanding that at**  
23 **some point in time someone from Mr. Brannon's office**  
24 **represented Robert Richardson?**

Page 51

1 A Oh, I had no idea about that.  
2 **Q Would that have represented any kind of**  
3 **conflict for you as a coroner --**  
4 MS. DINKLER: Objection.  
5 BY MR. DICELLO:  
6 **Q -- if Mr. Brannon, someone from Dwight**  
7 **Brannon's office researched Mr. Richardson?**  
8 MS. DINKLER: Objection to form, time, and  
9 scope. No foundation.  
10 A Well, I work with attorneys that I know all the  
11 time, so --  
12 BY MR. DICELLO:  
13 **Q Sure.**  
14 A No, I cannot see that that would be a problem.  
15 **Q All right. I presume you were an independent**  
16 **contractor?**  
17 A Correct.  
18 **Q And did you have any kind of incorporated**  
19 **business that these medical/legal evaluation consultation**  
20 **fees were paid into, or was it just --**  
21 A No.  
22 **Q -- you personally?**  
23 A Personally.  
24 **Q All right. Have you reviewed any cases for any**

Page 52

1 **other attorneys other than Mr. Brannon?**  
2 A No.  
3 **Q It sounds to me that you did that for about a**  
4 **year and a half; correct?**  
5 A Correct.  
6 **Q From when to when?**  
7 A I do not know. It's been within the past six  
8 years probably.  
9 **Q And it sounds to me like you stopped doing that**  
10 **at some point?**  
11 A That's right.  
12 **Q What were the circumstances surrounding you no**  
13 **longer doing that kind of work?**  
14 A He sued our office.  
15 **Q Mr. Brannon sued the coroner?**  
16 A That's right.  
17 **Q Okay. Why did Mr. Brannon sue the coroner's**  
18 **office?**  
19 A A case unrelated to me. And of course that  
20 created hard feelings, so I offered to stop working for  
21 Mr. Brannon.  
22 **Q Have you ever -- Were you a named defendant in**  
23 **that case?**  
24 A No, no.

Page 53

<p>1       <b>Q</b>   <b>Okay.</b></p> <p>2       A    I had no connection to the case. It was a</p> <p>3       separate issue.</p> <p>4       <b>Q</b>   <b>Have you ever worked for any other attorneys in</b></p> <p>5       <b>medical/legal expert review?</b></p> <p>6       MS. DINKLER: Asked and answered.</p> <p>7       Go ahead.</p> <p>8       A    No.</p> <p>9       BY MR. DICELLO:</p> <p>10      <b>Q</b>   <b>So you were telling me what other kind of</b></p> <p>11      <b>professional employment you've had as a forensic</b></p> <p>12      <b>pathologist outside of Montgomery County. You told me</b></p> <p>13      <b>about the medical/legal reviews for Mr. Brannon. Anything</b></p> <p>14      <b>else?</b></p> <p>15      A    Everything else has been volunteer lectures,</p> <p>16      Wright State School of Medicine, local forensic meetings.</p> <p>17      <b>Q</b>   <b>I did receive a copy of your CV. I don't know</b></p> <p>18      <b>if it's updated or not. But it does show some research</b></p> <p>19      <b>experience. Let me ask you: Have you been published in</b></p> <p>20      <b>any peer review journals?</b></p> <p>21      A    Yes.</p> <p>22      <b>Q</b>   <b>And have you published in any peer review</b></p> <p>23      <b>journals on any of the topics that are at issue in</b></p> <p>24      <b>Mr. Richardson's death?</b></p> <p style="text-align: right;">Page 54</p>	<p>1       <b>deposition that you didn't look at before you issued your</b></p> <p>2       <b>autopsy?</b></p> <p>3       MS. DINKLER: Objection to form.</p> <p>4       A    Well, it's hard -- hard to answer that, because</p> <p>5       I don't recall exactly what I reviewed back in 2012.</p> <p>6       BY MR. DICELLO:</p> <p>7       <b>Q</b>   <b>When did you retrieve this information? It</b></p> <p>8       <b>looks like this was all off the internet. When did you</b></p> <p>9       <b>retrieve the documents that are contained in Exhibit 3?</b></p> <p>10      A    Last week, I believe.</p> <p>11      <b>Q</b>   <b>Have you read all of this?</b></p> <p>12      A    Yes.</p> <p>13      <b>Q</b>   <b>So between last week and today, you read what</b></p> <p>14      <b>is Exhibit 3?</b></p> <p>15      A    That's correct.</p> <p>16      <b>Q</b>   <b>Doctor, how many autopsies have you performed?</b></p> <p>17      A    About 3,700 at this point.</p> <p>18      <b>Q</b>   <b>And you were the lead forensic pathologist on</b></p> <p>19      <b>all 3,700 of those?</b></p> <p>20      A    Yes.</p> <p>21      <b>Q</b>   <b>How many autopsies have you performed that</b></p> <p>22      <b>involved folks who died at the Montgomery County Jail?</b></p> <p>23      A    We do not have an easy way of searching that on</p> <p>24      our computer system. But jail deaths as a group are not</p> <p style="text-align: right;">Page 56</p>
<p>1       A    No.</p> <p>2       <b>Q</b>   <b>Have you ever been published in any peer review</b></p> <p>3       <b>journals on the issue of positional asphyxiation?</b></p> <p>4       A    No.</p> <p>5       <b>Q</b>   <b>Or restraint asphyxiation?</b></p> <p>6       A    No.</p> <p>7       <b>Q</b>   <b>We have now Plaintiff's Exhibit 3 that has your</b></p> <p>8       <b>name at the bottom, Doctor.</b></p> <p>9       <b>(Exhibit No. 3 marked for identification.)</b></p> <p>10      A    Okay.</p> <p>11      BY MR. DICELLO:</p> <p>12      <b>Q</b>   <b>Is this the medical literature you had in your</b></p> <p>13      <b>manilla folder that you brought with you to your</b></p> <p>14      <b>deposition? Take a look at it.</b></p> <p>15      A    Yes.</p> <p>16      <b>Q</b>   <b>And now having the benefit of actually looking</b></p> <p>17      <b>at the medical literature that you printed out, does this</b></p> <p>18      <b>refresh your recollection at all if this is stuff that you</b></p> <p>19      <b>read before issuing your autopsy report, or after?</b></p> <p>20      MS. DINKLER: Objection to form.</p> <p>21      A    No, it does not.</p> <p>22      BY MR. DICELLO:</p> <p>23      <b>Q</b>   <b>Okay. In your own mind, do you recall having</b></p> <p>24      <b>looked at some medical literature in advance of this</b></p> <p style="text-align: right;">Page 55</p>	<p>1       that uncommon. So I would say dozens.</p> <p>2       <b>Q</b>   <b>Dozens?</b></p> <p>3       A    I would say dozens of jail deaths. I would not</p> <p>4       be able to separate those out from Montgomery County,</p> <p>5       because we do autopsies for numerous counties.</p> <p>6       <b>Q</b>   <b>Did you use a county computer to search for and</b></p> <p>7       <b>retrieve what is in your Exhibit 3 here for your</b></p> <p>8       <b>deposition?</b></p> <p>9       A    That's right.</p> <p>10      <b>Q</b>   <b>Where is that computer located?</b></p> <p>11      A    In my office.</p> <p>12      <b>Q</b>   <b>And we could go look at the search history and</b></p> <p>13      <b>figure out what you searched for and what you looked at;</b></p> <p>14      <b>right?</b></p> <p>15      A    I don't know.</p> <p>16      MS. DINKLER: Objection; form.</p> <p>17      BY MR. DICELLO:</p> <p>18      <b>Q</b>   <b>I'm going to ask you not to clear your search</b></p> <p>19      <b>history in case we may ask to see what it is that you</b></p> <p>20      <b>searched and when you searched for it, okay?</b></p> <p>21      A    Okay. I do that regularly, so I have no idea</p> <p>22      whether it's there or not.</p> <p>23      <b>Q</b>   <b>Of the dozens of jail deaths that you have</b></p> <p>24      <b>investigated, how many have you concluded were homicides</b></p> <p style="text-align: right;">Page 57</p>



<p>1 at the hands of corrections officers?</p> <p>2 A None.</p> <p>3 Q Zero?</p> <p>4 A That's right.</p> <p>5 Q Including Mr. Richardson?</p> <p>6 A Correct.</p> <p>7 Q How many have you found of the dozens of jail</p> <p>8 deaths that you've performed autopsies on, how many have</p> <p>9 you found were the result of an accident?</p> <p>10 A Probably just a few.</p> <p>11 Q Including Mr. Richardson?</p> <p>12 A Yes, correct.</p> <p>13 Q Are you a member of any professional</p> <p>14 organizations, Doctor?</p> <p>15 A Yes.</p> <p>16 Q Can you list those for me?</p> <p>17 A Yeah. Currently American Academy of Forensic</p> <p>18 Sciences and the National Association of Medical</p> <p>19 Examiners. In the past, numerous other general pathology</p> <p>20 organizations. I'm no longer current with those.</p> <p>21 Q Are you board certified in any specialty?</p> <p>22 A No.</p> <p>23 Q Have you ever sought board certification?</p> <p>24 A Yes.</p> <p style="text-align: right;">Page 58</p>	<p>1 A No.</p> <p>2 Q Did you try again?</p> <p>3 A No. And that would be for anatomic pathology</p> <p>4 is what we're talking about.</p> <p>5 Q Were the results of these written examinations</p> <p>6 published for you?</p> <p>7 A Usually it's just a letter pass or fail.</p> <p>8 Q Does the letter indicate your score on the</p> <p>9 test, what section you didn't pass?</p> <p>10 A No.</p> <p>11 Q Why was it that you were pursuing board</p> <p>12 certification in '04, '05, and '06?</p> <p>13 A Well, board certification is desirable. Not</p> <p>14 only as a qualification, but also for compensation. It's</p> <p>15 not required --</p> <p>16 Q Understood.</p> <p>17 A -- of me. But it is a desirable thing. And in</p> <p>18 my setting, you have to pass general pathology boards</p> <p>19 before you can even sit for forensic boards.</p> <p>20 Q Okay.</p> <p>21 A So to gain access to forensic board</p> <p>22 certification, I needed to go through anatomic and</p> <p>23 clinical pathology. And so the three settings were all</p> <p>24 for anatomic.</p> <p style="text-align: right;">Page 60</p>
<p>1 Q When did you first seek board certification?</p> <p>2 A Probably 2004.</p> <p>3 Q And was there a written examination associated</p> <p>4 with that?</p> <p>5 A Yes.</p> <p>6 Q Did you pass that portion?</p> <p>7 A No.</p> <p>8 Q Did you pursue board certification again after</p> <p>9 2004?</p> <p>10 A Yes.</p> <p>11 Q What year?</p> <p>12 A Probably just the following year.</p> <p>13 Q 2005?</p> <p>14 A Uh-huh.</p> <p>15 Q Did you sit for the written portion of the</p> <p>16 examination?</p> <p>17 A Correct.</p> <p>18 Q Did you pass it on the second attempt?</p> <p>19 A No.</p> <p>20 Q Did you seek board certification again?</p> <p>21 A Probably 2006.</p> <p>22 Q Okay. And you sat for the test a third time?</p> <p>23 A Right.</p> <p>24 Q Did you pass it that time?</p> <p style="text-align: right;">Page 59</p>	<p>1 Q Is board certification a recognition by one's</p> <p>2 peers in their field of obtaining a level of expertise in</p> <p>3 the field?</p> <p>4 A I do not know. Everyone views board</p> <p>5 certification with different levels of competency. Some</p> <p>6 hold it very high, some feel like it's a hoop to jump</p> <p>7 through.</p> <p>8 Q What board were you applying to?</p> <p>9 A This would be the American Board of Pathology.</p> <p>10 Q Have you abandoned any efforts to seek board</p> <p>11 certification?</p> <p>12 A Yes.</p> <p>13 Q Do you subscribe to any -- Do you or through</p> <p>14 the coroner's office, Doctor, subscribe to any medical</p> <p>15 journals or literature?</p> <p>16 A Well, both the American Academy of Forensic</p> <p>17 Sciences and NAME, both produce their own journals, which</p> <p>18 do come with membership.</p> <p>19 Q And what are those journals?</p> <p>20 A I would not be able to give you an exact title.</p> <p>21 Q In addition to the official journal of the AAFS</p> <p>22 and the NAME, do you either through your employment or</p> <p>23 personally regularly receive any other medical journals in</p> <p>24 your field?</p> <p style="text-align: right;">Page 61</p>



<p>1 A We receive something called a check sample.</p> <p>2 <b>Q What is that?</b></p> <p>3 A It's a -- Basically, a mail -- by mail</p> <p>4 publication. It may contain photographs, microscopic, it</p> <p>5 may not. It varies. It's usually geared towards a</p> <p>6 specific topic. And we go through those as a group at</p> <p>7 times, mainly for CME efforts.</p> <p>8 <b>Q Any other journals that you regularly receive?</b></p> <p>9 A No.</p> <p>10 <b>Q Ever heard of UpToDate, Doctor?</b></p> <p>11 A UpToDate?</p> <p>12 <b>Q Yeah.</b></p> <p>13 A No.</p> <p>14 <b>Q UpToDate is not a resource that you use in your</b></p> <p>15 <b>practice?</b></p> <p>16 MS. DINKLER: Objection to form, lacks</p> <p>17 foundation.</p> <p>18 A No.</p> <p>19 BY MR. DICELLO:</p> <p>20 <b>Q Any other online resources that you regularly</b></p> <p>21 <b>refer to or use in your practice?</b></p> <p>22 A Beyond just MEDLINE type searches?</p> <p>23 <b>Q MEDLINE is one?</b></p> <p>24 A Yeah, sure.</p> <p style="text-align: right;">Page 62</p>	<p>1 Examiners has forensic autopsy performance standards or</p> <p>2 guidelines that have been published.</p> <p>3 <b>Q Do you do your best to try to adhere to those?</b></p> <p>4 A Yes.</p> <p>5 <b>Q And do you have access to those in your office?</b></p> <p>6 A Yes.</p> <p>7 <b>Q Do you agree that in order to stay competent in</b></p> <p>8 <b>your field of practice, a forensic pathologist has to stay</b></p> <p>9 <b>current on the medical literature and research in his or</b></p> <p>10 <b>her field?</b></p> <p>11 A You have to make an effort to learn new things,</p> <p>12 yes.</p> <p>13 <b>Q Okay. Do you consider yourself a public</b></p> <p>14 <b>official?</b></p> <p>15 MS. DINKLER: Objection to form, calls for a</p> <p>16 legal conclusion.</p> <p>17 A When you say "official," I think of an elected</p> <p>18 official. I'm not an elected official. I'm a public</p> <p>19 employee.</p> <p>20 BY MR. DICELLO:</p> <p>21 <b>Q The coroner in Montgomery County, is that</b></p> <p>22 <b>individual an elected position down here?</b></p> <p>23 A Yes, it is.</p> <p>24 <b>Q And is that who you report to, Dr.</b></p> <p style="text-align: right;">Page 64</p>
<p>1 <b>Q And you said Google?</b></p> <p>2 A Right.</p> <p>3 <b>Q Anything else that you use?</b></p> <p>4 A No, that would be the two main ways.</p> <p>5 <b>Q All right.</b></p> <p>6 A And that's in addition to meetings, of course.</p> <p>7 <b>Q Yeah. And I think that you --</b></p> <p>8 MS. DINKLER: In addition to what?</p> <p>9 THE WITNESS: Meetings.</p> <p>10 MS. DINKLER: Meetings, okay.</p> <p>11 BY MR. DICELLO:</p> <p>12 <b>Q I think you told me about some texts that you</b></p> <p>13 <b>have access to and refer to; right?</b></p> <p>14 A Correct.</p> <p>15 <b>Q Any others that you generally refer to?</b></p> <p>16 A General pathology text, Robbins' Pathologic</p> <p>17 Basis of Disease is a common text we might refer to.</p> <p>18 <b>Q What about any handbooks or guidelines? For</b></p> <p>19 <b>example, are you familiar with the Medical Examiner's</b></p> <p>20 <b>Handbook that is published by the federal government?</b></p> <p>21 A No.</p> <p>22 <b>Q Any other handbooks or guidelines that you're</b></p> <p>23 <b>familiar with that apply in your field?</b></p> <p>24 A Sure. The National Association of Medical</p> <p style="text-align: right;">Page 63</p>	<p>1 Harshbarger?</p> <p>2 A One of them, yes.</p> <p>3 <b>Q And is Dr. Harshbarger the person who hired</b></p> <p>4 <b>you?</b></p> <p>5 MS. DINKLER: Objection to form.</p> <p>6 A No.</p> <p>7 BY MR. DICELLO:</p> <p>8 <b>Q Who hired you over there at the coroner's</b></p> <p>9 <b>office?</b></p> <p>10 MS. DINKLER: Objection to form.</p> <p>11 A A pair of people, former elected coroner Jim</p> <p>12 Davis.</p> <p>13 BY MR. DICELLO:</p> <p>14 <b>Q Yep.</b></p> <p>15 A And then the director of the crime lab, Ken</p> <p>16 Betz.</p> <p>17 <b>Q Do you know any Montgomery County corrections</b></p> <p>18 <b>officers?</b></p> <p>19 A No.</p> <p>20 <b>Q Have you worked with any of them over the</b></p> <p>21 <b>course of your career at the coroner's office?</b></p> <p>22 A Oh, sure.</p> <p>23 <b>Q Who are some of the folks that you've had</b></p> <p>24 <b>occasion to work with on any kind of regular basis?</b></p> <p style="text-align: right;">Page 65</p>

<p>1 A I would not work with a corrections officer on</p> <p>2 a regular basis. It would be on a case-by-case, and</p> <p>3 generally it would be only through their reports.</p> <p>4 <b>Q What about anybody from the Montgomery County</b></p> <p>5 <b>Sheriff's Office? Do you know anybody in the sheriff's</b></p> <p>6 <b>office?</b></p> <p>7 A Oh, sure. Detectives mainly.</p> <p>8 <b>Q Let me start just first personally. Are you</b></p> <p>9 <b>personally friends with any folks from the sheriff's</b></p> <p>10 <b>office?</b></p> <p>11 A Outside of work, do you mean?</p> <p>12 <b>Q Yeah.</b></p> <p>13 A No.</p> <p>14 <b>Q And then through your professional activities,</b></p> <p>15 <b>there are folks over at the sheriff's office that you work</b></p> <p>16 <b>with on some kind of regular basis?</b></p> <p>17 MS. DINKLER: Objection to form.</p> <p>18 A Over the years, I've encountered regular</p> <p>19 detectives, and then of course they move on or retire or</p> <p>20 whatever.</p> <p>21 BY MR. DICELLO:</p> <p>22 <b>Q Who are those folks by name?</b></p> <p>23 A One would be Mike Clymer was a long time</p> <p>24 detective.</p> <p style="text-align: right;">Page 66</p>	<p>1 MS. DINKLER: Assumes facts not in evidence.</p> <p>2 BY MR. DICELLO:</p> <p>3 <b>Q So independent of your review of the medical</b></p> <p>4 <b>records and of your documentation that you reviewed in</b></p> <p>5 <b>advance of today's deposition, do you have any independent</b></p> <p>6 <b>memory of Mr. Richardson's death or autopsy?</b></p> <p>7 A No.</p> <p>8 <b>Q I saw one photograph of what appears to be a</b></p> <p>9 <b>doctor, it may not be a doctor, but somebody who was</b></p> <p>10 <b>rolling Mr. Richardson over on his back, and there was a</b></p> <p>11 <b>photograph taken of the back. And that individual was</b></p> <p>12 <b>African American. So I know it wasn't you. Who else was</b></p> <p>13 <b>present during the autopsy?</b></p> <p>14 A Well, the person you're describing --</p> <p>15 <b>Q Yeah, start there.</b></p> <p>16 A Is Peter Lane.</p> <p>17 <b>Q And what is Mr. Lane's position?</b></p> <p>18 A He's no longer with us. But at that time he</p> <p>19 would have been a morgue technician.</p> <p>20 <b>Q Are you required to document who attends an</b></p> <p>21 <b>autopsy?</b></p> <p>22 A Well, yes. Well, we do it by practice. We're</p> <p>23 not required to.</p> <p>24 <b>Q Did a member from the Montgomery County</b></p> <p style="text-align: right;">Page 68</p>
<p>1 <b>Q Uh-huh.</b></p> <p>2 A And I only know Hutch as Hutch. Hutchinson is</p> <p>3 his last name. I do not know Hutch's first name.</p> <p>4 <b>Q Okay, Hutch. Anybody else?</b></p> <p>5 A Just faces. I can't recall names.</p> <p>6 <b>Q Now, it's my understanding that the sheriff's</b></p> <p>7 <b>office can attend autopsies; correct?</b></p> <p>8 A Oh, absolutely.</p> <p>9 <b>Q Is that something that a representative from</b></p> <p>10 <b>the family member of the decedent is ever offered, or no?</b></p> <p>11 A What's your question?</p> <p>12 <b>Q It's my understanding that the coroner can</b></p> <p>13 <b>invite and permit members from the Montgomery County</b></p> <p>14 <b>Sheriff's Office to attend autopsies, and I think you told</b></p> <p>15 <b>me that's correct; yes?</b></p> <p>16 A Yes.</p> <p>17 <b>Q Is the representative for the decedent ever</b></p> <p>18 <b>given that same opportunity, or no?</b></p> <p>19 MS. DINKLER: Objection to form.</p> <p>20 A You mean the attorney or --</p> <p>21 BY MR. DICELLO:</p> <p>22 <b>Q Sure.</b></p> <p>23 A I've never encountered that scenario, so I</p> <p>24 would not know if that would be permitted.</p> <p style="text-align: right;">Page 67</p>	<p>1 <b>Sheriff's Office attend Mr. Richardson's autopsy?</b></p> <p>2 A I do not recall.</p> <p>3 <b>Q I've looked at your documentation and I see</b></p> <p>4 <b>documentation where people are referenced, and it doesn't</b></p> <p>5 <b>include anyone from the Montgomery County Sheriff's</b></p> <p>6 <b>Office.</b></p> <p>7 A That's right.</p> <p>8 <b>Q So we can assume that nobody from the</b></p> <p>9 <b>Montgomery County Sheriff's Office was there at the</b></p> <p>10 <b>autopsy; correct?</b></p> <p>11 A Yes.</p> <p>12 <b>Q So I want to go about this, maybe, Doctor, it</b></p> <p>13 <b>would help me to kind of go through by habit and practice</b></p> <p>14 <b>how the -- what the protocol is for an in-custody death</b></p> <p>15 <b>like we have here, knowing that you don't have a specific</b></p> <p>16 <b>recollection, and then I've got documents and we can refer</b></p> <p>17 <b>to documents. But can you kind of walk me through what</b></p> <p>18 <b>the time line is by habit and practice, what happens when</b></p> <p>19 <b>somebody is ruled to be deceased at a jail and the coroner</b></p> <p>20 <b>needs to be contacted? Can you maybe walk me through the</b></p> <p>21 <b>steps of what happens?</b></p> <p>22 A Okay. The first thing that would happen would</p> <p>23 be the death would be reported to us, either by if the --</p> <p>24 if the inmate makes it to the hospital, that report might</p> <p style="text-align: right;">Page 69</p>

<p>1 come from the hospital. If they're pronounced at the</p> <p>2 jail, then it may come from an employee or a medic at the</p> <p>3 scene. And that call would go to our coroner's</p> <p>4 investigator. We have several. And so they would</p> <p>5 document in a written report the details and answers to</p> <p>6 their questions as best as possible to provide a basic</p> <p>7 history of what kind of case we're dealing with.</p> <p>8 <b>Q Okay.</b></p> <p>9 A And then that information would generally be</p> <p>10 presented to all the pathologists in a morning meeting.</p> <p>11 And if it happens during the daytime, then it may be just</p> <p>12 presented to the pathologist that's going to do the</p> <p>13 autopsy.</p> <p>14 <b>Q How is a pathologist selected to do any given</b></p> <p>15 <b>autopsy?</b></p> <p>16 A There's really no -- We don't have a system for</p> <p>17 assigning pathologists.</p> <p>18 <b>Q So when you said that you had done dozens of</b></p> <p>19 <b>jail deaths, were you referring to yourself specifically</b></p> <p>20 <b>or to the office generally?</b></p> <p>21 A Myself.</p> <p>22 <b>Q Is there any kind of one pathologist takes the</b></p> <p>23 <b>jail custody deaths over another, or are they pretty</b></p> <p>24 <b>evenly distributed?</b></p> <p style="text-align: right;">Page 70</p>	<p>1 <b>correct?</b></p> <p>2 MS. DINKLER: Objection to form.</p> <p>3 A From whatever sources are available. Are you</p> <p>4 speaking of Mr. Richardson specifically?</p> <p>5 BY MR. DICELLO:</p> <p>6 <b>Q Sure, if you want to use that as an example. I</b></p> <p>7 <b>think you said we talk with the officers to get as much</b></p> <p>8 <b>information as we can about the circumstances.</b></p> <p>9 A Right.</p> <p>10 <b>Q So it sounds to me like you are talking to</b></p> <p>11 <b>people who are employed at the Montgomery County Jail to</b></p> <p>12 <b>gather the circumstances?</b></p> <p>13 MS. DINKLER: Objection to form.</p> <p>14 Go ahead.</p> <p>15 A The first person we talked to is actually a</p> <p>16 Dayton fireman or paramedic.</p> <p>17 BY MR. DICELLO:</p> <p>18 <b>Q All right.</b></p> <p>19 A He's the one reporting the death. So I have no</p> <p>20 idea if Paramedic McGinnis is employed in other ways. But</p> <p>21 he has identified himself as a Dayton paramedic for Dayton</p> <p>22 Fire.</p> <p>23 <b>Q And this is going to -- this information is</b></p> <p>24 <b>being gathered by an investigator?</b></p> <p style="text-align: right;">Page 72</p>
<p>1 A No, it's random.</p> <p>2 <b>Q Got it.</b></p> <p>3 <b>So once you are as a pathologist assigned to a</b></p> <p>4 <b>jail custody death, what is the next step?</b></p> <p>5 A Well, keep in mind when you asked me about jail</p> <p>6 deaths I wasn't referring just to custody restraint type</p> <p>7 deaths. I hope we understand that.</p> <p>8 <b>Q Yeah. Thank you for the clarification.</b></p> <p>9 A So what's your question?</p> <p>10 <b>Q After someone like you or after you, one of the</b></p> <p>11 <b>pathologists is assigned to a jail death, what is the next</b></p> <p>12 <b>step for the coroner's office?</b></p> <p>13 A Well, we would -- every autopsy begins with the</p> <p>14 history or the story, what do we know about the person and</p> <p>15 circumstances as best as possible, as much detail as</p> <p>16 possible prior to the autopsy. So we would gather that</p> <p>17 through our coroner's investigator. If an officer attends</p> <p>18 the autopsy, then we would continue to have that exchange</p> <p>19 of information. Once we feel like we have all the</p> <p>20 available information submitted to us that's currently</p> <p>21 known about the case or currently available, then we would</p> <p>22 actually proceed to the actual autopsy.</p> <p>23 <b>Q So up to this point in time, you're gathering</b></p> <p>24 <b>your information from the folks who work at the jail;</b></p> <p style="text-align: right;">Page 71</p>	<p>1 A Correct.</p> <p>2 <b>Q And this is -- The investigator in</b></p> <p>3 <b>Mr. Richardson's case was Mr. Jim Fannin?</b></p> <p>4 A That's correct.</p> <p>5 <b>Q Is Mr. Fannin a physician?</b></p> <p>6 A No. He's a former officer, police officer.</p> <p>7 <b>Q Former police officer?</b></p> <p>8 A That's right.</p> <p>9 <b>Q For what municipality?</b></p> <p>10 A Sheriff's department, Montgomery County.</p> <p>11 <b>Q So the coroner's office's lead investigator on</b></p> <p>12 <b>the Robert Richardson case is a former Montgomery County</b></p> <p>13 <b>Sheriff's Office employee; correct?</b></p> <p>14 A That's right.</p> <p>15 <b>Q And you're relying on Mr. Fannin gathering</b></p> <p>16 <b>sufficient information that you can then do your job;</b></p> <p>17 <b>correct?</b></p> <p>18 A In part, yes.</p> <p>19 <b>Q And Mr. Fannin, I understand, actually went to</b></p> <p>20 <b>the jail; correct?</b></p> <p>21 A He did.</p> <p>22 <b>Q Did you ever go to the jail?</b></p> <p>23 A Not in this case.</p> <p>24 <b>Q Did you then just observe photographs of what</b></p> <p style="text-align: right;">Page 73</p>

1 **Mr. Fannin saw at the jail?**  
2 A That's right.  
3 **Q Did you interview any corrections officers?**  
4 A No.  
5 **Q Did Mr. Fannin?**  
6 A He did speak to -- He talks about speaking to  
7 multiple correction officers at the scene. But I do not  
8 know if that is interviewing them or just, you know, just  
9 being hosted by them in the jail.  
10 **Q Did you interview any of the eyewitness**  
11 **detainees who saw what happened to Mr. Richardson?**  
12 A No, I did not.  
13 **Q Did Mr. Fannin interview any of those**  
14 **detainees?**  
15 A No.  
16 **Q Did you contact any family members of**  
17 **Mr. Richardson before starting your autopsy?**  
18 A No.  
19 **Q Did Mr. Fannin contact any family members?**  
20 A Yes. He would have notified the decedent's  
21 grandparents of the death.  
22 **Q Did he include any information that he obtained**  
23 **from the grandparents?**  
24 A Not in his report, no.

Page 74

1 **Q So I should have asked you. Based on the**  
2 **number of autopsies you've done, I think you told me it's**  
3 **about 3,700; correct?**  
4 A Correct.  
5 **Q How many times have you included in a cause of**  
6 **death positional asphyxia?**  
7 A Quite a few. Usually with infants.  
8 **Q Outside of the infant context, how many times**  
9 **have you concluded or included positional asphyxia as a**  
10 **cause of death in an adult autopsy?**  
11 A I would just have to say several.  
12 **Q Some people say several, they mean three. Some**  
13 **people say several, they mean a hundred.**  
14 A Well, it would not be a hundred.  
15 **Q Yeah.**  
16 A I would not have an exact number. Have I used  
17 the diagnosis in adults more than once? Sure, yeah.  
18 **Q More than five times?**  
19 A Actually probably so, yes.  
20 **Q More than ten?**  
21 A I do not know.  
22 **Q So somewhere between five and ten you're**  
23 **comfortable saying that you've included positional**  
24 **asphyxia as a cause of death in an adult autopsy?**

Page 75

1 A Sure.  
2 **Q And do you differentiate between positional**  
3 **asphyxia and restraint asphyxia in an autopsy if you were**  
4 **faced with a restraint asphyxia?**  
5 MS. DINKLER: Objection to form.  
6 A Well, some people seem to make a big difference  
7 between the two. I'm not sure I see their point about  
8 that.  
9 BY MR. DICELLO:  
10 **Q Have you ever included the term "restraint**  
11 **asphyxia" in an autopsy?**  
12 A No.  
13 **Q Of the five to ten positional asphyxias that**  
14 **you have included in your cause of death, have any of**  
15 **those been as a result of restraint?**  
16 A By someone else, you mean?  
17 **Q Yes.**  
18 A I don't think so, no.  
19 **Q Do you consider yourself an expert in restraint**  
20 **asphyxia?**  
21 A No. I have a working knowledge of it, but I'm  
22 not published or no one is knocking down my door asking to  
23 talk about it, no.  
24 **Q Except me?**

Page 76

1 A Yeah, except you.  
2 **Q So I'm going to hand you another exhibit and**  
3 **I'm going to try not to get too much paper in front of**  
4 **you, Doctor.**  
5 (Exhibit No. 4 marked for identification.)  
6 BY MR. DICELLO:  
7 **Q But this is number four. Casto. Handing you**  
8 **what's been marked as Plaintiff's Exhibit 4, it says your**  
9 **name on the bottom, Doctor, and there's Bates stamps at**  
10 **the bottom of this that start out MC 3206, and they should**  
11 **go sequentially, all the way up to MC 3293. And this was**  
12 **produced by Montgomery County in this litigation. And I**  
13 **just want to have you review it and tell me whether or not**  
14 **that is the sum and substance of the materials that were**  
15 **produced by your office. And if you're going through**  
16 **there and you see something that isn't in there, let me**  
17 **know. Be careful. Some of those are two-sided, some of**  
18 **them aren't. Just the way I paginated them out.**  
19 A (Reviewing document.)  
20 Okay.  
21 **Q I appreciate you taking the time to go through**  
22 **that, Doctor. Is there any documentation that is a part**  
23 **of the work product of the coroner's office that isn't**  
24 **contained within that exhibit?**

Page 77

<p>1 A Not to my knowledge, no.</p> <p>2 Q Nothing jumps out at you that says, hey, here's</p> <p>3 this form that isn't in there or anything like that?</p> <p>4 A No.</p> <p>5 Q We talked about the slides and the medical</p> <p>6 literature and the medical records. But in terms of the</p> <p>7 working file, is Exhibit 4 pretty complete?</p> <p>8 MS. DINKLER: Photographs, you talked about</p> <p>9 that.</p> <p>10 MR. DICELLO: They're in there.</p> <p>11 BY MR. DICELLO:</p> <p>12 Q Photographs are in there; right?</p> <p>13 A Yes.</p> <p>14 MS. DINKLER: Are all the photographs in there?</p> <p>15 THE WITNESS: I believe so.</p> <p>16 BY MR. DICELLO:</p> <p>17 Q So my question is, that's -- You know, I'm not</p> <p>18 going to hold you to it if we find another piece of paper</p> <p>19 later, Doctor. But based on your analysis of Exhibit 4</p> <p>20 right now, that is more or less the complete working file</p> <p>21 of the coroner's office for this case; is that true?</p> <p>22 A Yes. And in fact, there are other documents in</p> <p>23 here that I've never seen, like the DNA request for</p> <p>24 paternity, things like that.</p> <p style="text-align: right;">Page 78</p>	<p>1 certain risk factors associated with positional asphyxia</p> <p>2 that a coroner needs to consider when rendering a</p> <p>3 diagnosis; agreed?</p> <p>4 A Yes.</p> <p>5 Q Among the risk factors that make it more likely</p> <p>6 that someone will die from positional asphyxia include the</p> <p>7 following: Obesity is a risk factor for positional</p> <p>8 asphyxia; true?</p> <p>9 A Yes.</p> <p>10 Q And within the context of obesity, an obese</p> <p>11 person that has a protuberant, if I'm saying that</p> <p>12 correctly, or big belly is at an even higher risk of</p> <p>13 positional asphyxia when placed prone; correct?</p> <p>14 A It can be, yes.</p> <p>15 Q And the reason for that is because a bigger</p> <p>16 belly, when there's weight applied to the abdomen, either</p> <p>17 by weight of the body from laying on top of it or</p> <p>18 pressure, external pressure on a patient's back, can force</p> <p>19 the contents of the belly up under the rib cage; correct?</p> <p>20 A Against the diaphragm.</p> <p>21 Q Correct?</p> <p>22 A In certain individuals, that's right.</p> <p>23 Q And that can restrict breathing; correct?</p> <p>24 A It can.</p> <p style="text-align: right;">Page 80</p>
<p>1 Q It just gets processed by your office?</p> <p>2 A That's right.</p> <p>3 Q I want to ask you some questions about</p> <p>4 positional asphyxia and/or restraint asphyxia as you've</p> <p>5 told us about. But, Doctor, ultimately, people who suffer</p> <p>6 death from positional asphyxia die from a fatal arrhythmia</p> <p>7 of the heart; true?</p> <p>8 A That would probably be the final mechanism,</p> <p>9 yes.</p> <p>10 Q Positional asphyxia, the terminal event</p> <p>11 associated with positional asphyxia is a fatal arrhythmia;</p> <p>12 correct?</p> <p>13 A That's right.</p> <p>14 Q And the terminal event that killed</p> <p>15 Mr. Richardson was a fatal arrhythmia; true?</p> <p>16 A Yes.</p> <p>17 Q And that's the number one diagnosis you had on</p> <p>18 your cause of death?</p> <p>19 A They have different etiologies, but --</p> <p>20 Q Understood. But the number one diagnosis for</p> <p>21 Mr. Richardson's cause of death according to you was a</p> <p>22 fatal arrhythmia of the heart; true?</p> <p>23 A Correct.</p> <p>24 Q In terms of positional asphyxia, there are</p> <p style="text-align: right;">Page 79</p>	<p>1 Q And that can contribute to positional</p> <p>2 asphyxiation death; correct?</p> <p>3 A As the theory goes, that's right.</p> <p>4 Q Do you subscribe to the theory of restraint</p> <p>5 positional asphyxia causing death?</p> <p>6 A Well, why don't you define the theory? What</p> <p>7 are you referring to?</p> <p>8 Q Are you a doctor who more or less rejects the</p> <p>9 theory of death by positional asphyxia in custody?</p> <p>10 A No.</p> <p>11 Q You accept that it happens?</p> <p>12 A Sure.</p> <p>13 Q Members of the community who are detained by</p> <p>14 law enforcement die in this country from positional</p> <p>15 asphyxiation; true?</p> <p>16 A Again, I probably would like you to define --</p> <p>17 what are you -- when you say "positional asphyxia," what</p> <p>18 do you mean?</p> <p>19 Q How do you define it? I mean, that's more</p> <p>20 important.</p> <p>21 A Well, positional asphyxia, restraint asphyxia</p> <p>22 is referring to the idea that someone is in a position</p> <p>23 where their ability to breathe effectively is impaired.</p> <p>24 Q Okay.</p> <p style="text-align: right;">Page 81</p>

1 A And so in the setting of restraint asphyxia,  
2 that is referring to -- that impairment is due to being  
3 restrained, physically restrained, either by shackles,  
4 handcuffs, individuals, all three, okay?

5 **Q (Nods head.)**

6 A And I actually prefer that term over positional  
7 asphyxia, because, to me, positional asphyxia is used in  
8 lots of other settings; drunk upside down between the bed  
9 and the wall, someone in a car that's on its top.

10 **Q Going up the chimney, that kind of stuff?**

11 A I'm sorry?

12 **Q I said going up the chimney; right?**

13 A I'm not sure what you're referring to.

14 **Q You haven't heard of one of those yet? Go**  
15 **ahead.**

16 A Yeah, I do know what you're talking about.

17 **Q All right.**

18 A So if we're talking about restraint asphyxia,  
19 it's this idea that you can place someone in a position of  
20 restraint that is dangerous in their ability to breathe.

21 **Q So restraint asphyxia is a legitimate medical**  
22 **condition that occurs; true?**

23 A Sure.

24 **Q And are you aware of people dying from**

Page 82

1 **restraint asphyxia at the hands of law enforcement being**  
2 **reported in the medical literature?**

3 A Sure. I mean, ten guys on someone's back is  
4 restraint asphyxia.

5 **Q Okay.**

6 A That has happened, yes.

7 **Q So you recognize that it's a legitimate**  
8 **diagnosis that happens, you've just never seen it;**  
9 **correct?**

10 A Well, there's no -- There's no diagnostic  
11 feature of restraint asphyxia.

12 **Q There isn't?**

13 A No.

14 **Q Okay.**

15 A In autopsy. You can't do an autopsy and say  
16 this is restraint asphyxia without taking in the  
17 investigative information.

18 **Q So is it a diagnosis by exclusion?**

19 A I would not label it as that, no.

20 **Q But what I'm getting from you is one of the**  
21 **rules that applies to a coroner is they have to consider**  
22 **all of the circumstances surrounding the time and place of**  
23 **death when considering a diagnosis on autopsy; correct?**

24 A That's right.

Page 83

1 **Q And to exclude the surrounding facts and**  
2 **circumstances of an in-custody death where somebody dies**  
3 **with their hands cuffed behind their back while they're on**  
4 **the ground would violate the rules that apply to a**  
5 **forensic pathologist; correct?**

6 A Okay. So what's your question?

7 **Q Yeah, that was a long-worded question. Thank**  
8 **you for following up.**

9 **I think you said one of the rules that applies**  
10 **to coroners is they have to consider all the facts and**  
11 **circumstances surrounding the time and place of death;**  
12 **correct?**

13 A As best they can, that's right.

14 **Q Right. And if a coroner were to come to a**  
15 **diagnosis and exclude that information, that would be**  
16 **inappropriate; right?**

17 A Yes.

18 **Q All right. So with respect to restraint --**

19 A And by "exclude," you mean not consider it?

20 **Q Correct.**

21 A Okay. Right. Yes, I agree with that.

22 **Q The surrounding circumstances of a death cannot**  
23 **be ignored; true?**

24 A Correct.

Page 84

1 **Q So back to the risk factors of positional or**  
2 **restraint asphyxia. And you've explained to us the subtle**  
3 **difference that you're putting on those terms. Do we**  
4 **agree that drug use is a risk factor that puts someone at**  
5 **an increased risk of positional asphyxia death?**

6 MS. DINKLER: Objection to the form of the  
7 question.

8 Go ahead.

9 A Being under the influence can certainly  
10 increase your likelihood to die during restraint.

11 BY MR. DICELLO:

12 **Q Preexisting heart disease is a risk factor that**  
13 **increases the risk of positional and restraint asphyxia;**  
14 **true?**

15 A Yes.

16 **Q Cardiac hypertrophy is a risk factor that**  
17 **increases the risk of positional and restraint asphyxia;**  
18 **true?**

19 A It can, that's right.

20 **Q Pressure on the abdomen is a risk factor; yes?**

21 A Can be.

22 **Q Respiratory muscle fatigue is a risk factor**  
23 **that puts someone at an increased risk of positional**  
24 **asphyxiation death; correct?**

Page 85

1 A Sure.

2 Q And sometimes when we say "respiratory muscle

3 fatigue," a layman's way of putting that is physical

4 exhaustion as a result of exertion; true?

5 A That's right.

6 Q So in other words, somebody who has been

7 struggling with another person is at a higher risk of

8 dying from positional asphyxia; true?

9 A I would say can be. It depends on the

10 individual's condition.

11 Q But when someone is struggling, their muscles

12 require more oxygen; true?

13 A That's right.

14 Q And if someone's breathing is inhibited, then

15 the tissues, the muscles don't get the oxygen, and that

16 can lead to death; correct?

17 A That's right.

18 Q That's what positional asphyxiation is; true?

19 Part of it? Part of positional asphyxiation is after a

20 struggle the tissues and the muscle tissues in the body

21 need more oxygen and they can't get it and that condition

22 contributes to the death; correct?

23 A It can, yes.

24 Q Cardiomegaly makes someone more susceptible or

Page 86

1 at higher risk for positional and restraint asphyxiation

2 death; correct?

3 A That's one kind of death that cardiomegaly is a

4 negative to have, that's right.

5 Q Gaspings sounds or gurgling during the restraint

6 is a sign or symptom that is consistent with someone dying

7 from positional asphyxiation; true?

8 A It can go with that, yes.

9 Q Foam or mucus coming from the nose or mouth is

10 a sign that is consistent with someone dying from

11 positional asphyxiation; true?

12 A Well, you keep saying "consistent with" and

13 naming these things that are not really specific. And so

14 that's why I keep saying "it can be."

15 Q Sure.

16 A Yes, it can be. It's not unique to restraint

17 asphyxia or positional asphyxia.

18 Q I think what you told us is nothing is unique

19 to restraint or positional asphyxia; correct?

20 MS. DINKLER: Objection to form.

21 Go ahead.

22 A Except for ten guys on your back.

23 BY MR. DICELLO:

24 Q Sure. So foam or mucus coming from the nose or

Page 87

1 mouth, while not exclusively consistent with positional

2 asphyxia death, is a sign that is consistent with a

3 positional asphyxiation death; true?

4 A Can be, yes.

5 Q Signs that someone during the struggle in the

6 prone restraint is having trouble breathing is a sign that

7 is consistent with positional asphyxiation; correct?

8 A What kind of signs as far as trouble breathing?

9 Q Someone who is evaluated to be in need of

10 supplemental oxygen.

11 A Okay. So what's your question?

12 Q That's another sign. So when we're talking

13 about risk factors and we're putting all this information

14 together to create a constellation of signs and symptoms

15 that are consistent with or might militate in favor of

16 positional asphyxiation, one thing the coroner should

17 consider is was this person demonstrating the need for

18 air; true?

19 A For supplemental oxygen?

20 Q Yes.

21 A Sure, absolutely.

22 Q And so someone who is showing signs that

23 they're having trouble breathing while restrained is a

24 sign consistent with positional asphyxiation; true?

Page 88

1 MS. DINKLER: Asked and answered.

2 A It can be.

3 BY MR. DICELLO:

4 Q And someone who is trying to gasp for air

5 during a struggle while they're in a prone position is

6 consistent with positional asphyxiation; true?

7 A Also can be, yes.

8 Q Someone who verbalizes, "I can't breathe, get

9 off of me," is another sign that is consistent with a

10 positional asphyxiation death; correct?

11 A Sure.

12 Q All of the signs and symptoms that I just went

13 through were present with Mr. Richardson; true?

14 A I don't recall whether he made statements about

15 "I can't breathe, get off of me."

16 Q Did you review the -- Are you familiar with

17 NaphCare?

18 A I just know the jail has a contract with

19 someone to provide medical services.

20 Q Okay.

21 A That's what I know.

22 Q My understanding is that the folks that are

23 providing the medical care over at the Montgomery County

24 Jail are employed by a company called NaphCare.

Page 89



1 A Okay.

2 Q Did you review at any time, now let's focus on

3 prior to you creating your autopsy, did you review any

4 documentation created by the people responsible for

5 providing medical care at the jail?

6 MS. DINKLER: Asked and answered.

7 Go ahead.

8 A That would be my usual practice, but I do not

9 recall.

10 BY MR. DICELLO:

11 Q Do you recall reviewing any death summaries

12 issued by NaphCare? I'm showing you what's been marked as

13 NaphCare 143, 144, 146. Did you review any of these

14 documents?

15 A Prior to signing my report, is that what you

16 mean?

17 Q Yeah.

18 A I do not recall.

19 Q Did you review the incident report authored by

20 NaphCare at any time prior to issuing your autopsy? And

21 it looks something like this. I'm showing you what's been

22 marked as NaphCare 9 to NaphCare 10. Do you remember

23 reviewing this?

24 A Again, incident reports would, again, be part

Page 90

1 of the thing that I would be interested in in coming to my

2 conclusions. But I do not recall that specific document.

3 Q The health services administrator for NaphCare

4 documented in the incident report on May 21st, 2012 at

5 nine a.m., so two days after Mr. Richardson died, she

6 documented "prior to injection" -- is it your

7 understanding that an Ativan injection was administered?

8 A That's right.

9 Q "Prior to injection, patient was being held

10 down in a prone position by several correctional

11 officers." Did you know that that was the HSA's

12 documentation of what happened?

13 MS. DINKLER: Objection to form.

14 Go ahead.

15 A HSA?

16 BY MR. DICELLO:

17 Q Health services administrator. Sorry.

18 A Okay. Again, I likely reviewed that, but I do

19 not remember that.

20 Q Do you have any reason to challenge the

21 incident report by NaphCare that prior to receiving the

22 Ativan injection that Mr. Richardson was being held down

23 in a prone position by several corrections officers?

24 MS. DINKLER: Objection to form.

Page 91

1 A No.

2 BY MR. DICELLO:

3 Q Because that's what happened; correct?

4 MS. DINKLER: Objection to form.

5 A That's correct.

6 BY MR. DICELLO:

7 Q There's documentation in here, Doctor, that

8 says that when you reviewed the video, okay? Did you --

9 Let me ask you some questions about the video.

10 A Okay.

11 Q When were you first given a copy of the video?

12 I think it was June 21st, 2012; is that right?

13 A June 20th, 2012.

14 Q June 20th, thank you. So that was over a month

15 after Mr. Richardson died?

16 A That's right.

17 Q And it was about a month after you performed

18 your autopsy?

19 A Correct.

20 Q Did you request video evidence of this man's

21 death?

22 A Yes.

23 Q And it took the jail about a month to get it to

24 you?

Page 92

1 A I don't know when I requested it, so I don't

2 know how long it took them to, you know, to supply that.

3 Q You issued a death certificate, did you not,

4 Doctor, identifying the cause of death for Mr. Richardson

5 before watching that video; true?

6 A Yes, a -- the first death certificate on May

7 25th.

8 Q So at the time you issued your first death

9 certificate on May 25th, which finds that Mr. Richardson

10 died from hypertensive and arteriosclerotic cardiovascular

11 disease, at the time you issued that cause of death, you

12 had not had the benefit of watching the incident of

13 Mr. Richardson's demise; true?

14 A That's right.

15 Q And it was a detective from the sheriff's

16 office who brought you the video to watch; correct?

17 A I don't know if he's a detective, but Mike

18 Sollenberger.

19 Q And did Detective Sollenberger give you a copy

20 of the video or did he show it to you?

21 A No, he showed it to me.

22 Q Did he leave you with a copy of the video so

23 you could watch it a second time?

24 A Not to my knowledge.

Page 93



1 **Q How long was the video that you watched?**  
2 A I think it's 20 some minutes.  
3 **Q Did you sit there and watch the entire video?**  
4 A Yeah.  
5 **Q And Detective Sollenberger was with you while**  
6 **you watched it?**  
7 A That's right.  
8 **Q Did Detective Sollenberger provide you any**  
9 **commentary while the two of were you watching the video?**  
10 A I'm sure he did.  
11 **Q And did he tell you what was happening as you**  
12 **were watching it?**  
13 A Yeah. In some ways, yeah.  
14 **Q How many times before issuing your autopsy**  
15 **report did you watch the video, Doctor?**  
16 A Probably just that one day. I don't know how  
17 many times we went through it. I don't recall that. But  
18 --  
19 **Q Did you show that video to any of your other**  
20 **forensic pathologists at the coroner's office?**  
21 A I don't know who all was present at this  
22 viewing that Detective Sollenberger brought over.  
23 **Q Do you remember other people being present?**  
24 A I just do not remember.

Page 94

1 **Q Let me ask you. Why didn't you ask -- So here**  
2 **we have a video that captures the subject of your**  
3 **autopsy's actual demise, his death; correct?**  
4 A Uh-huh.  
5 **Q Yes?**  
6 A That's right.  
7 **Q Do you consider that to be good evidence of the**  
8 **circumstances surrounding his death?**  
9 A I found it very useful, yes.  
10 **Q So let me ask you: Why didn't the coroner's**  
11 **office keep and retain a copy of the actual footage of the**  
12 **decedent's death?**  
13 MS. DINKLER: Objection to form.  
14 Go ahead.  
15 A I do not know.  
16 BY MR. DICELLO:  
17 **Q Did Detective Sollenberger ever offer to leave**  
18 **you with a copy of the footage of Mr. Richardson's death?**  
19 A I do not recall.  
20 **Q If he did offer to give you that evidence, the**  
21 **video evidence of the death, would you have kept it?**  
22 A Oh, sure.  
23 **Q So fair to say more likely than not Detective**  
24 **Sollenberger didn't offer to give you a copy of the video;**

Page 95

1 correct?  
2 MS. DINKLER: Objection to form.  
3 A I would not say that.  
4 BY MR. DICELLO:  
5 **Q So you're telling me he might have said, Hey,**  
6 **Dr. Casto, here's a copy of the video of this man dying**  
7 **and you said, no, I don't need it, take it out of here?**  
8 MS. DINKLER: Objection to form.  
9 A I would accept it if it's offered. Would I be  
10 able to find it three years later? I have no idea.  
11 BY MR. DICELLO:  
12 **Q Oh, okay. So if he was providing -- if**  
13 **Detective Sollenberger came by and gave you your copy, why**  
14 **did -- what is your understanding of why Detective**  
15 **Sollenberger stayed there and viewed it with you?**  
16 MS. DINKLER: Objection to form.  
17 A Well, there's certain things about the video  
18 that, if not given some commentary about, you would not  
19 know what is happening. Like for example, the injection.  
20 You know, the video is of fairly good quality, but you  
21 cannot see a syringe, do you know what I'm saying?  
22 BY MR. DICELLO:  
23 **Q Yeah.**  
24 A So he was there to basically tell me this is

Page 96

1 what is being performed right now.  
2 **Q Okay. Did you ever watch the video outside the**  
3 **presence of someone from the Montgomery County Sheriff's**  
4 **Office?**  
5 A I have, yes.  
6 **Q And that was after the lawsuit was filed;**  
7 **correct?**  
8 A Correct.  
9 **Q Doctor, how common is left ventricular**  
10 **hypertrophy in American society?**  
11 A Common.  
12 **Q I think -- You tell me, you know. But I think**  
13 **as high as 50 percent of people have some level of left**  
14 **ventricular hypertrophy?**  
15 A Oh, wow. I would not know that. That's  
16 cardiologist-type knowledge.  
17 **Q The concept that I've heard in your business is**  
18 **there's a big difference between dying with a condition**  
19 **and dying from a condition. Would you agree with that?**  
20 A That's right.  
21 **Q And you would agree that a lot of people,**  
22 **millions of people, die with left ventricular hypertrophy**  
23 **but not from left ventricular hypertrophy; would you agree**  
24 **with that?**

Page 97

<p>1 MS. DINKLER: Objection to form.</p> <p>2 A I do regularly see people who are dead from</p> <p>3 other reasons who do have a thickened left ventricle, and</p> <p>4 an enlarged heart and coronary artery disease.</p> <p>5 BY MR. DICELLO:</p> <p>6 <b>Q Right. I'm going to get to those.</b></p> <p>7 A I figured you were.</p> <p>8 <b>Q Would you agree with me that a lot of people in</b></p> <p>9 <b>this country died with a diagnosis of left ventricular</b></p> <p>10 <b>hypertrophy but they don't die from left ventricular</b></p> <p>11 <b>hypertrophy based on your experience?</b></p> <p>12 MS. DINKLER: Asked and answered.</p> <p>13 A That's true.</p> <p>14 BY MR. DICELLO:</p> <p>15 <b>Q And so most people with LVH in your experience</b></p> <p>16 <b>don't die from it; true?</b></p> <p>17 MS. DINKLER: Asked and answered for a third</p> <p>18 time.</p> <p>19 MR. DICELLO: No, this is a different question.</p> <p>20 BY MR. DICELLO:</p> <p>21 <b>Q Go ahead.</b></p> <p>22 A Again, I would not know the percentage of</p> <p>23 people dying from left ventricular hypertrophy.</p> <p>24 <b>Q How many times have you found someone dying</b></p> <p style="text-align: right;">Page 98</p>	<p>1 <b>cardiovascular disease as the cause of death in somebody</b></p> <p>2 <b>who is in the age range of 28 years old?</b></p> <p>3 MS. DINKLER: Of 20 what?</p> <p>4 MR. DICELLO: 28.</p> <p>5 A Actually, it is increasingly common. So yes,</p> <p>6 I've seen fatal heart disease in 19-year-olds of this</p> <p>7 type. So yes, it does happen.</p> <p>8 BY MR. DICELLO:</p> <p>9 <b>Q Recognizing that it does happen, would you</b></p> <p>10 <b>agree that it is exceedingly rare in that age category?</b></p> <p>11 MS. DINKLER: Objection to form.</p> <p>12 A It is rare, sure.</p> <p>13 BY MR. DICELLO:</p> <p>14 <b>Q I'm going to jump around a little bit, Doctor.</b></p> <p>15 <b>I'm trying to do this as efficiently as I can. Bear with</b></p> <p>16 <b>me.</b></p> <p>17 <b>Robert Richardson had atherosclerotic heart</b></p> <p>18 <b>disease only of the left anterior descending artery;</b></p> <p>19 <b>correct?</b></p> <p>20 A That's correct.</p> <p>21 <b>Q He was right coronary artery dominant; true?</b></p> <p>22 A Correct.</p> <p>23 <b>Q Meaning the majority of the circulation to his</b></p> <p>24 <b>heart was through the right coronary artery distribution;</b></p> <p style="text-align: right;">Page 100</p>
<p>1 <b>from LVH?</b></p> <p>2 A Well, I don't say someone died from left</p> <p>3 ventricular hypertrophy. That's not the manner I would</p> <p>4 say that. I would call it hypertensive cardiovascular</p> <p>5 disease or cardiomegaly of undetermined etiology or</p> <p>6 something like that. I would not say left ventricular</p> <p>7 hypertrophy. That's a feature of a thick and enlarged</p> <p>8 heart.</p> <p>9 <b>Q So let me use the medical term "hypertensive</b></p> <p>10 <b>cardiovascular disease," okay?</b></p> <p>11 A Okay.</p> <p>12 <b>Q So do you agree that a lot of people die with</b></p> <p>13 <b>hypertensive cardiovascular disease, but not from</b></p> <p>14 <b>hypertensive cardiovascular disease?</b></p> <p>15 MS. DINKLER: Objection to form, specifically a</p> <p>16 lot of people. It's vague.</p> <p>17 A I commonly see hypertensive cardiovascular</p> <p>18 disease as the cause of death and not the cause of death.</p> <p>19 BY MR. DICELLO:</p> <p>20 <b>Q Is there any percentage?</b></p> <p>21 A No.</p> <p>22 <b>Q More often than not?</b></p> <p>23 A No, I can't give you that.</p> <p>24 <b>Q How many times have you included hypertensive</b></p> <p style="text-align: right;">Page 99</p>	<p>1 <b>correct?</b></p> <p>2 A No.</p> <p>3 <b>Q So tell me why you describe him as right</b></p> <p>4 <b>coronary artery dominant and what I got wrong with my last</b></p> <p>5 <b>question.</b></p> <p>6 A Right dominant or left dominant circulation of</p> <p>7 the coronary artery is only referring to what side of the</p> <p>8 coronary vasculature does the posterior descending</p> <p>9 coronary artery come from. So the artery that runs down</p> <p>10 the back of the heart, if it comes off of the right main</p> <p>11 coronary, it's right dominant. If it comes off the</p> <p>12 circumflex, it's left dominant. Some people are</p> <p>13 co-dominant.</p> <p>14 <b>Q And that posterior artery that runs down the</b></p> <p>15 <b>back, does that supply the heart muscle?</b></p> <p>16 A Sure. They all do.</p> <p>17 <b>Q You found no thrombus on autopsy; true?</b></p> <p>18 A That's right.</p> <p>19 <b>Q So there was no total occlusion of</b></p> <p>20 <b>Mr. Richardson's artery; correct?</b></p> <p>21 A That's right.</p> <p>22 <b>Q So in terms of an occluded left anterior</b></p> <p>23 <b>descending artery, totally occluded, what some people</b></p> <p>24 <b>refer to as the widowmaker, that's not what Mr. Richardson</b></p> <p style="text-align: right;">Page 101</p>

1 suffered, is it?

2 A He does not have that. He has a 75 percent

3 stenosis of his left anterior descending coronary artery.

4 Q You did not document whether or not that lesion

5 was proximal or distal in the left anterior descending,

6 did you?

7 A I did not.

8 Q Was it distal?

9 A I would not remember at this point.

10 Q That makes a big difference, doesn't it,

11 Doctor?

12 MS. DINKLER: Objection to form.

13 A I would not agree with that.

14 BY MR. DICELLO:

15 Q Well, if the lesion that is 75 percent stenosed

16 is at the proximal portion of the left anterior

17 descending, then you would agree that the blood flow to

18 the remaining portion of the artery is compromised; true?

19 A It can be, sure.

20 Q And if that lesion is at the distal end of the

21 left anterior descending artery, then all the component of

22 the left anterior descending artery that is proximal to

23 the distal portion where the lesion is is not compromised;

24 true?

Page 102

1 MS. DINKLER: Objection.

2 A Well, that's true. But you're -- you're

3 neglecting the idea of the cardiac conduction system. A

4 75 percent lesion can be lethal at any portion of the

5 coronary tree.

6 BY MR. DICELLO:

7 Q It's more dangerous if it's in the proximal

8 portion; true?

9 MS. DINKLER: Objection.

10 A I wouldn't agree with that. I don't think

11 that -- In an individual, I don't think that that's

12 predictable.

13 BY MR. DICELLO:

14 Q Well, let me ask you: Are you aware of the --

15 A They're more fixable.

16 Q Okay. Fair enough. Are you aware of what the

17 literature would say as to which lesion is more dangerous,

18 proximal or distal in the LAD?

19 MS. DINKLER: Objection to form, vague, no

20 foundation.

21 A I would not be able to answer that.

22 BY MR. DICELLO:

23 Q Is there anything that we could do to determine

24 the location of this lesion that you said was 75 percent,

Page 103

1 at this point?

2 A No.

3 Q How did you go about evaluating it was 75

4 percent?

5 A I would make serial cross sections of the

6 coronary vasculature at close intervals, and then estimate

7 the remaining lumen from that occluded plaque.

8 Q Did you maintain those serial sections so that

9 we could evaluate the extent of stenosis?

10 MS. DINKLER: Objection; form.

11 A There would be a microscopic section submitted

12 of the coronary atherosclerosis. Estimating coronary

13 stenosis at autopsy is actually better done in the gross

14 rather than microscopic.

15 Q Right. Did you --

16 A And --

17 Q I'm sorry.

18 A And I would have retained sections of the

19 coronary to make sure all the organs, including the

20 coronary atherosclerosis, that wasn't submitted for

21 microscopic examination. But again, that would not be

22 retained forever.

23 Q Are you telling me that the section of the left

24 anterior descending artery that you believe had this 75

Page 104

1 percent lesion is preserved at your office in a block?

2 A That's right.

3 Q And you're telling me that the slide that was

4 submitted is a slide of some portion of that lesion that

5 you believed grossly appeared to be 75 percent?

6 A Right.

7 Q 75 percent is the cut-off for severe

8 arteriosclerotic disease; true?

9 A In a normal sized heart, that's right.

10 Q Once you get under 75 percent, you're dealing

11 with mild; true?

12 A I do not know the current cardiology

13 classification of that.

14 Q All right.

15 A Generally, in a normal size heart, we would

16 like to see at least 75 percent atherosclerotic narrowing,

17 or thrombus, to call that the cause of death, to call

18 atherosclerosis the cause of death. In a normal size

19 heart. That is not true in an enlarged heart.

20 Q Mr. Richardson had an enlarged heart?

21 A Yes.

22 Q Based on his height and weight, how many grams

23 would you say it was enlarged; in other words, for a

24 person like Mr. Richardson, what would you expect the

Page 105

<p>1     <b>normal range to be for his heart?</b></p> <p>2         A     Well, the literature is full of normal heart</p> <p>3     ranges that are all over the place. And some of them are</p> <p>4     probably reasonable, some of them are not reasonable.</p> <p>5         <b>Q   What do you consider reasonable for a six foot</b></p> <p>6     <b>280 pound 28-year-old man?</b></p> <p>7         A     I think the mean that you would expect in this</p> <p>8     kind of individual would be like in the mid 400s as an</p> <p>9     upper limit. Just because you're heavier doesn't mean you</p> <p>10    get to have a larger than normal heart.</p> <p>11        <b>Q   So we've talked about the 75 percent lesion.</b></p> <p>12    <b>But the remaining vasculature to the heart, the arteries</b></p> <p>13    <b>at least, were widely patent; correct?</b></p> <p>14        A     That's right.</p> <p>15        <b>Q   So there was no arteriosclerotic heart disease</b></p> <p>16    <b>other than this one lesion found in the LAD; correct?</b></p> <p>17        A     That's right.</p> <p>18        <b>Q   And let's focus on just the condition, the</b></p> <p>19    <b>anatomical condition of Mr. Richardson's heart. Would you</b></p> <p>20    <b>agree that that condition of his heart is not incompatible</b></p> <p>21    <b>with life?</b></p> <p>22        A     Oh, sure. People can walk around with worse</p> <p>23    heart disease than he has.</p> <p>24        <b>Q   Right. And Mr. Richardson's condition of his</b></p> <p style="text-align: right;">Page 106</p>	<p>1           MS. DINKLER: Objection to form.</p> <p>2     BY MR. DICELLO:</p> <p>3         <b>Q   I mean all --</b></p> <p>4         A     That's my opinion. But I don't know what the</p> <p>5     "all" is.</p> <p>6         <b>Q   Ultimately the terminal event for most</b></p> <p>7     <b>everybody is your heart stops beating; true?</b></p> <p>8           MS. DINKLER: Objection.</p> <p>9         A     That is an overgeneralization I wouldn't agree</p> <p>10    with.</p> <p>11    BY MR. DICELLO:</p> <p>12        <b>Q   So but what you're telling us today is the</b></p> <p>13    <b>conduct of the officers in connection with their</b></p> <p>14    <b>interaction with Mr. Richardson, that struggle, that</b></p> <p>15    <b>restraint, whatever the jury decides it is, contributed to</b></p> <p>16    <b>causing Mr. Richardson's fatal arrhythmia; true?</b></p> <p>17        A     I would not say that.</p> <p>18           MS. DINKLER: Objection; form.</p> <p>19        A     I would not say that.</p> <p>20           MS. DINKLER: Go ahead.</p> <p>21    BY MR. DICELLO:</p> <p>22        <b>Q   I thought you just did?</b></p> <p>23        A     I don't believe so.</p> <p>24        <b>Q   I thought you said, well, the exercise involved</b></p> <p style="text-align: right;">Page 108</p>
<p>1     <b>heart as you observed it on autopsy, that was the</b></p> <p>2     <b>condition of his heart for at least weeks and months</b></p> <p>3     <b>leading up to his death; true?</b></p> <p>4         A     Well, I wouldn't age his atherosclerotic</p> <p>5     plaques. But yeah, it's --</p> <p>6         <b>Q   It's chronic?</b></p> <p>7         A     Preexisting disease, yes. It was there --</p> <p>8         <b>Q   It's a chronic condition?</b></p> <p>9         A     That's right.</p> <p>10        <b>Q   Doctor, the interaction with the officers, the</b></p> <p>11    <b>jury can decide what it was and what it wasn't. I'm</b></p> <p>12    <b>asking you: That interaction with the corrections</b></p> <p>13    <b>officers on May 19th, 2012 contributed to causing</b></p> <p>14    <b>Mr. Richardson's death; true?</b></p> <p>15           MS. DINKLER: Objection to form.</p> <p>16        A     Well, I think I need a little bit more specific</p> <p>17    question. You mean the exercise of being restrained?</p> <p>18    BY MR. DICELLO:</p> <p>19        <b>Q   Yeah.</b></p> <p>20        A     Oh, sure. I mean, exercise is a cardiac</p> <p>21    stressor, no doubt about it.</p> <p>22        <b>Q   So we all agree he died of a fatal arrhythmia,</b></p> <p>23    <b>don't we all?</b></p> <p>24        A     Well, I don't know who "all" is.</p> <p style="text-align: right;">Page 107</p>	<p>1     <b>with the restraint, you said, sure, that contributed to</b></p> <p>2     <b>causing his death; right?</b></p> <p>3         A     That's true.</p> <p>4         <b>Q   So the process of struggling while being</b></p> <p>5     <b>restrained is what put stress on the heart; true?</b></p> <p>6           MS. DINKLER: Objection to form.</p> <p>7         Go ahead.</p> <p>8         A     In this case, that's one stressor.</p> <p>9    BY MR. DICELLO:</p> <p>10        <b>Q   Okay.</b></p> <p>11        A     One.</p> <p>12        <b>Q   So that is one stressor that, to a reasonable</b></p> <p>13    <b>degree of medical certainty, contributed to causing a</b></p> <p>14    <b>fatal arrhythmia; correct?</b></p> <p>15        A     I don't have any trouble with that, sure.</p> <p>16        <b>Q   Some of the autopsy findings I want to get</b></p> <p>17    <b>into, and please refer to the autopsy, Doctor.</b></p> <p>18        A     Okay.</p> <p>19        <b>Q   You recognized pulmonary edema in this man?</b></p> <p>20        A     No.</p> <p>21        <b>Q   I'm probably using "pulmonary edema" in the</b></p> <p>22    <b>wrong way. But you found abundant congestive blood in the</b></p> <p>23    <b>lungs?</b></p> <p>24        A     That's right.</p> <p style="text-align: right;">Page 109</p>

1       **Q** And the lungs were outside the range of normal  
2       weight; correct?  
3       A Slightly, yes.  
4       **Q** Well, what would you consider the normal lung  
5       weight -- right and left, because I know they weigh  
6       different. What would you consider the average lung  
7       weight of the right lung of a man, a 28-year-old man?  
8       A Well --  
9       **Q** It's in the 400s, isn't it?  
10      A It's probably in the range of 350 to 500 for  
11      the average lung weight.  
12      **Q** Okay, for the right lung? And then how about  
13      the left?  
14      A The left is going to be less.  
15      **Q** Less. So Mr. Richardson's lungs were 695 grams  
16      on the right and 605 grams on the left; correct?  
17      A That's right.  
18      **Q** That's because they were heavy because they  
19      were retaining fluid; correct?  
20      A Well, they were congested. Congestion and  
21      pulmonary edema are not the same thing.  
22      **Q** But they were congested with -- as a result of  
23      edema; correct?  
24      A No.

Page 110

1       MS. DINKLER: Objection to form.  
2       BY MR. DICELLO:  
3       **Q** So what were they congested with?  
4       A Congested with blood.  
5       **Q** And how did it come --  
6       A Blood backing up into the lungs.  
7       **Q** Right.  
8       A That's not pulmonary edema.  
9       **Q** I understand that. How is it that the blood  
10      was backing up into Mr. Richardson's lungs?  
11      A Most likely due to his heart condition.  
12      **Q** Are you telling us that that's a chronic  
13      condition that he had?  
14      A I have no way of knowing that.  
15      **Q** I guess what I'm saying, in a very clumsy way,  
16      Doctor, is what you found on autopsy regarding the weight  
17      and the gross findings of the pulmonary parenchyma are  
18      consistent with a respiratory mechanism of death; true?  
19      A No.  
20      **Q** So your testimony in this case is that your  
21      findings on autopsy concerning Mr. Richardson's lungs are  
22      inconsistent with a respiratory cause of death?  
23      A What I'm saying is his lung findings are  
24      actually much more common with a cardiac death rather than

Page 111

1       a respiratory death.  
2       **Q** Okay.  
3       A You expect pulmonary edema in respiratory  
4       depression. He does not have pulmonary edema. It is not  
5       the same as congestion.  
6       **Q** So I think you told me that positional asphyxia  
7       is a cardiac death; correct?  
8       A Okay. But just a minute ago, you're asking me  
9       whether the lung findings are due to a respiratory death.  
10      **Q** Okay.  
11      A If I understood you.  
12      **Q** You're exactly right.  
13      A If I'm misunderstanding, tell me.  
14      **Q** No, no, you're exactly right. So let me --  
15      MS. DINKLER: Remember, it's your job to tell  
16      him if you don't understand something. Don't assume  
17      anything.  
18      BY MR. DICELLO:  
19      **Q** I'm with you. I think I understand your  
20      answer.  
21      So let me say it this way: Mr. Richardson's  
22      findings on autopsy with respect to his lungs, the  
23      pulmonary parenchyma, is persistent by a death by  
24      positional or restraint asphyxiation; true?

Page 112

1       MS. DINKLER: Objection, form.  
2       A I would not say that.  
3       BY MR. DICELLO:  
4       **Q** Why not?  
5       A It's a very nonspecific -- pulmonary congestion  
6       is a very nonspecific thing. It is extremely common in  
7       cardiac deaths. It is not unusual in prolonged CPR. You  
8       can see it in lots of things. But trying to say that that  
9       is somehow consistent with a respiratory death, I would  
10      not agree with that.  
11      **Q** There was diffuse congestion in the organs;  
12      correct?  
13      A Correct.  
14      **Q** And what is your opinion as to what accounts  
15      for that?  
16      A Also goes very well with the cardiac etiology  
17      of the death.  
18      **Q** So, Doctor, are you telling us that had  
19      Mr. Richardson not had this encounter with the officers  
20      that he would have died at the same exact time?  
21      A I think there's --  
22      MS. DINKLER: Objection to form.  
23      Go ahead.  
24      A I think there is a possibility that he would

Page 113

<p>1 have died that day with or without restraint.</p> <p>2 BY MR. DICELLO:</p> <p>3 <b>Q Can you say without restraint, more likely than</b></p> <p>4 <b>not, to a reasonable degree of medical certainty, that</b></p> <p>5 <b>Mr. Richardson would have died on May 19th, 2012?</b></p> <p>6 A I have no way of knowing whether he would have</p> <p>7 died that day.</p> <p>8 <b>Q I appreciate that. I'm not trying to sound</b></p> <p>9 <b>glib, and I apologize if I am. But the lawyers live in</b></p> <p>10 <b>the world of, as you know, reasonable degree of medical</b></p> <p>11 <b>certainty. So let me just state the question and get the</b></p> <p>12 <b>answer for the record.</b></p> <p>13 <b>Can you say to a reasonable degree of medical</b></p> <p>14 <b>certainty that had Mr. Richardson not had this encounter</b></p> <p>15 <b>with corrections officers that he would have died on May</b></p> <p>16 <b>19th, 2012 none the less?</b></p> <p>17 MS. DINKLER: Asked and answered.</p> <p>18 Go ahead.</p> <p>19 A I do not know whether he would have died. He</p> <p>20 was having a medical event of some type before the</p> <p>21 restraint began. That is very important to me. So could</p> <p>22 he -- Would I be surprised if he passed away in his cell</p> <p>23 without restraint after the reported, you know, passing</p> <p>24 out or seizure activity or whatever he was having? I</p> <p style="text-align: right;">Page 114</p>	<p>1 MS. DINKLER: You can tell him for a fourth</p> <p>2 time.</p> <p>3 BY MR. DICELLO:</p> <p>4 <b>Q Go ahead.</b></p> <p>5 MS. DINKLER: Or you can just have the question</p> <p>6 and your answer read back.</p> <p>7 A You're asking do I know?</p> <p>8 BY MR. DICELLO:</p> <p>9 <b>Q No, I'm not.</b></p> <p>10 A Okay.</p> <p>11 <b>Q Okay? That's why I want you to listen.</b></p> <p>12 A I know. I'm trying.</p> <p>13 MS. DINKLER: Do I know and can you state are</p> <p>14 the same thing.</p> <p>15 BY MR. DICELLO:</p> <p>16 <b>Q Doctor, we have to fit these into a certain</b></p> <p>17 <b>language.</b></p> <p>18 A Well, you have to. I don't.</p> <p>19 <b>Q I know. That's why it's kind of odd. But I'm</b></p> <p>20 <b>saying you can't state to a reasonable degree of medical</b></p> <p>21 <b>certainty that but for Mr. Richardson's interaction with</b></p> <p>22 <b>the corrections officers that he would have died on May</b></p> <p>23 <b>19th, 2012; correct?</b></p> <p>24 MS. DINKLER: Asked and answered for a fifth</p> <p style="text-align: right;">Page 116</p>
<p>1 would not be surprised by that.</p> <p>2 BY MR. DICELLO:</p> <p>3 <b>Q I appreciate that. I know we're not talking</b></p> <p>4 <b>past each other. But I need an answer. You can't say to</b></p> <p>5 <b>a reasonable degree of medical certainty that</b></p> <p>6 <b>Mr. Richardson would have died on May 19th, 2012 even</b></p> <p>7 <b>without encountering the restraint and struggle he had</b></p> <p>8 <b>with the corrections officers; true?</b></p> <p>9 MS. DINKLER: Asked and answered.</p> <p>10 A I cannot --</p> <p>11 MS. DINKLER: Tell him a third time.</p> <p>12 A -- answer that question.</p> <p>13 BY MR. DICELLO:</p> <p>14 <b>Q You can't --</b></p> <p>15 A That's a crystal ball type question. I can't</p> <p>16 answer that.</p> <p>17 <b>Q I understand that. You can't state that to a</b></p> <p>18 <b>reasonable degree of medical certainty; true?</b></p> <p>19 MS. DINKLER: Asked and answered. He's</p> <p>20 answered it. You've asked him the same question now four</p> <p>21 times. He's given you an explanation as to why he can't</p> <p>22 answer it.</p> <p>23 BY MR. DICELLO:</p> <p>24 <b>Q Go ahead, Doctor.</b></p> <p style="text-align: right;">Page 115</p>	<p>1 time. You can give him your same answer again.</p> <p>2 A My answer is I do not know.</p> <p>3 BY MR. DICELLO:</p> <p>4 <b>Q What is acute marijuana intoxication?</b></p> <p>5 A Well, marijuana intoxication, acute, is</p> <p>6 indicating that the decedent was under the influence of</p> <p>7 marijuana at time of his death.</p> <p>8 <b>Q Okay.</b></p> <p>9 A And generally, I would not use that term unless</p> <p>10 there is more than just marijuana metabolite in the</p> <p>11 decedent's blood. So in other words, we like to see THC</p> <p>12 to say that this person is acutely under the influence of</p> <p>13 it.</p> <p>14 <b>Q Do you know, can you say to a reasonable degree</b></p> <p>15 <b>of medical certainty that Mr. Richardson was intoxicated?</b></p> <p>16 A Well, many people confuse the term</p> <p>17 "intoxication" with someone stumbling drunk alongside the</p> <p>18 road. When we say "intoxication," we just mean they're</p> <p>19 under the influence. I have no ability to know his level</p> <p>20 of impairment.</p> <p>21 <b>Q Okay.</b></p> <p>22 A In other words, don't confuse intoxication with</p> <p>23 impairment. It just means he's under the influence of the</p> <p>24 drug.</p> <p style="text-align: right;">Page 117</p>

1       **Q**    Okay.

2       A    Okay?

3       **Q**    Can you state to a reasonable degree of medical

4       certainty how much marijuana he consumed?

5       A    No.

6       **Q**    Can you state to a reasonable degree of medical

7       certainty when he last consumed marijuana?

8       A    No.

9       **Q**    One of the analytes that was found is not

10      psychoactive; correct?

11      A    Are you talking about

12      11-carboxy-Tetrahydrocannabinol?

13      **Q**    Correct. If you know.

14      A    I do not know.

15      **Q**    I want you to assume that that is not a

16      psychoactive metabolite. If I'm correct, would you agree

17      that the presence of that would not contribute to any

18      intoxication?

19      A    Right. THC, the parent -- the primary

20      psychoactive component of marijuana is really what we're

21      interested in --

22      **Q**    Okay.

23      A    -- in an acute intoxication situation.

24      **Q**    So the carboxy doesn't tell us anything about

Page 118

1       intoxication?

2       A    It's the breakdown product of the drug.

3       **Q**    And carboxy can tell us that that could mean

4       Mr. Richardson smoked marijuana upwards of five, six days

5       ago. Do you know that, or no?

6       A    It does vary with chronic users and naive users

7       as far as how long it will stick around.

8       **Q**    Okay.

9       A    As well as body habitus.

10      **Q**    And hydroxy -- I'm going to stumble with the

11      names, you're better than I am, Doctor. But the hydroxy

12      analyte was also, or metabolite was also tested for and it

13      was negative; correct?

14      A    Yes.

15      **Q**    Hydroxy is psychoactive; true?

16      A    I do not know that.

17      **Q**    And then we look, you have THC at 16 nanograms

18      per milliliter; correct?

19      A    Correct.

20      **Q**    Do you have any opinion to a reasonable degree

21      of medical certainty as to how much marijuana one must

22      ingest to have 16 nanograms per milliliter as of the time

23      the blood was tested?

24      A    No.

Page 119

1       **Q**    Do you know if it could be as little as one

2       puff of a marijuana cigarette?

3       MS. DINKLER: Objection to form.

4       A    I do not know that.

5       BY MR. DICELLO:

6       **Q**    This isn't a toxic level of marijuana you

7       found, is it?

8       A    I would not agree with that.

9       **Q**    What does the medical literature say, Doctor,

10      it takes to rise to the level of being toxic in a human

11      being, marijuana?

12      A    Are you saying toxic as the cause of death?

13      **Q**    Yeah.

14      A    Killing you?

15      **Q**    Yeah.

16      A    Oh, no, this is not a lethal number.

17      **Q**    Right.

18      A    It doesn't mean it's not toxic. Toxic and

19      lethal are not the same thing.

20      **Q**    How are you using the term "toxic," then?

21      A    Toxic is having a -- is having a physiologic

22      impact on your body.

23      **Q**    Oh.

24      A    Speeding up your heart --

Page 120

1       **Q**    So --

2       A    Giving you hallucinations, making you

3       psychotic. Those are toxic effects of a drug. It may not

4       necessarily kill you.

5       **Q**    So you can't ingest marijuana without it being

6       toxic, then?

7       A    I would agree with that.

8       **Q**    According to your definition, any amount of

9       marijuana is toxic?

10      A    I don't believe marijuana to be a healthy drug,

11      no.

12      **Q**    Other physicians disagree with you.

13      A    I get that.

14      **Q**    Okay. And I understand what you're talking

15      about, your opinions, and I respect that, Doctor. But in

16      Dr. Casto's opinion, any amount of marijuana is toxic to

17      the body?

18      A    I guess I'm just not saying that. We're

19      talking -- You're using "toxic" -- Let's go back to -- You

20      were using this word "toxic." And in your second or third

21      question it seemed apparent you were implying lethal.

22      They're not the same thing.

23      **Q**    Well, I'm using "toxic" the way a toxicologist

24      would use it. Do you know how a toxicologist would

Page 121



<p>1 consider whether an amount of marijuana is toxic or not?</p> <p>2 MS. DINKLER: Objection to form.</p> <p>3 A I know several toxicologists. I'm not going to</p> <p>4 opine on what they -- how they use the term "toxic."</p> <p>5 BY MR. DICELLO:</p> <p>6 Q That's why I'm just trying to get an</p> <p>7 understanding. When you are using the word "toxic" in</p> <p>8 this deposition, I think what you're telling me is any</p> <p>9 amount of marijuana in the system is toxic?</p> <p>10 A I do not know that for the -- for an</p> <p>11 individual. You may smoke a roach everyday and I may not</p> <p>12 be able to tell there's anything wrong with you; your</p> <p>13 heart rate may be the same, your breathing is the same.</p> <p>14 So in that setting, no, I would not stand and say you're</p> <p>15 toxic from marijuana, no.</p> <p>16 Q I understand. But before we move on from this,</p> <p>17 are you aware of any studies in the literature that</p> <p>18 identify what a lethal level of marijuana is for an animal</p> <p>19 or a human being?</p> <p>20 A Yeah, there have been lethal ingestions of</p> <p>21 marijuana, sure.</p> <p>22 Q Can you cite me to one in the literature for a</p> <p>23 human being?</p> <p>24 A Yeah.</p> <p style="text-align: right;">Page 122</p>	<p>1 Q I guess my question, before I came in today,</p> <p>2 was going to be to you, so I'll put it to you, there is no</p> <p>3 documented case of marijuana ever killing anyone outside</p> <p>4 the circumstances associated with smoking it, somebody</p> <p>5 gets high and climbs a tree or something. I'm talking</p> <p>6 there is no report of anyone ever having died from</p> <p>7 marijuana ingestion; correct?</p> <p>8 A I do not know that to be true.</p> <p>9 Q All right. You've never diagnosed someone as</p> <p>10 having died from ingesting marijuana in your career;</p> <p>11 correct?</p> <p>12 A No, not alone. That's right.</p> <p>13 Q How many times have you included in an autopsy</p> <p>14 that the physiological effects of ingesting marijuana</p> <p>15 contributed to someone's death from a physiological basis?</p> <p>16 A I probably have a few times --</p> <p>17 Q How many --</p> <p>18 A -- in multiple drug intoxications.</p> <p>19 Q How many times where there wasn't multiple</p> <p>20 other drugs on board have you ever found that someone died</p> <p>21 or a contributing cause of death was the physiological</p> <p>22 cause of ingesting marijuana?</p> <p>23 A I do not know that.</p> <p>24 Q Robert Richardson is the only case; true?</p> <p style="text-align: right;">Page 124</p>
<p>1 Q Okay.</p> <p>2 A Basalt's (phonetic) textbook, I think has two</p> <p>3 cases in it.</p> <p>4 Q Basalt?</p> <p>5 A Correct.</p> <p>6 Q And those are two cases of lethal marijuana</p> <p>7 ingestion by humans?</p> <p>8 A Right.</p> <p>9 Q How much marijuana did they ingest?</p> <p>10 A One was in the thousands.</p> <p>11 Q Thousands of what?</p> <p>12 A I'm sorry, not what they ingested. Their blood</p> <p>13 level was in the thousands. Another one was comatose in</p> <p>14 the hundreds.</p> <p>15 Q Did that person die?</p> <p>16 A No.</p> <p>17 Q So you're aware of one reported case in the</p> <p>18 literature of death by marijuana?</p> <p>19 A I do not have the details of those individual</p> <p>20 cases. What I'm saying to you is there are levels of</p> <p>21 marijuana that will place you in a life-threatening</p> <p>22 situation that have been documented in the literature.</p> <p>23 Now, is that marijuana laced with something that's not in</p> <p>24 those citations? Possibly. I don't know.</p> <p style="text-align: right;">Page 123</p>	<p>1 A I do not know that to be true.</p> <p>2 Q How would you go about finding out that</p> <p>3 information, Doctor?</p> <p>4 A Read 4,000 autopsy reports.</p> <p>5 Q Okay. You'll have Lynette do that for us?</p> <p>6 A I doubt that.</p> <p>7 MR. PREGON: Objection.</p> <p>8 MR. DICELLO: Well, then it's going to be you,</p> <p>9 Jamey.</p> <p>10 MS. DINKLER: That's not even worthy of an</p> <p>11 objection.</p> <p>12 BY MR. DICELLO:</p> <p>13 Q Doctor, your finding in this case that</p> <p>14 ingestion of marijuana -- you have no idea how much and</p> <p>15 you don't know when -- contributed to causing</p> <p>16 Mr. Richardson's death is highly unusual in your career;</p> <p>17 agreed?</p> <p>18 MS. DINKLER: Objection to form.</p> <p>19 A His death is unusual.</p> <p>20 BY MR. DICELLO:</p> <p>21 Q I appreciate that. But please answer my</p> <p>22 question. It's highly unusual for you to include</p> <p>23 marijuana ingestion as a contributing cause to</p> <p>24 Mr. Richardson's death; correct?</p> <p style="text-align: right;">Page 125</p>



<p>1 MS. DINKLER: Objection to the form of the</p> <p>2 question. It's misleading.</p> <p>3 A I guess rephrase your question. I'm not sure</p> <p>4 what you're asking me.</p> <p>5 BY MR. DICELLO:</p> <p>6 Q Well, first, I started down this road by trying</p> <p>7 to ask you how many times you've included marijuana</p> <p>8 ingestion as contributing to a physiological death in an</p> <p>9 autopsy, and I think you said there's a handful, but there</p> <p>10 were other drugs on board in those cases; correct?</p> <p>11 A Usually.</p> <p>12 Q And then I said, okay, well, how many times</p> <p>13 have you included marijuana as contributing to the</p> <p>14 physiological death process when there weren't other drugs</p> <p>15 on board, and I don't think you could recall one other</p> <p>16 than Mr. Richardson; fair?</p> <p>17 A I said I do not recall.</p> <p>18 Q Okay.</p> <p>19 A I'm not saying there aren't other cases where I</p> <p>20 have not used that as a cardiac stressor as a contributor</p> <p>21 to a death.</p> <p>22 Q Outside of just looking at all 3,700 autopsy</p> <p>23 reports, there's no way to search that in your system?</p> <p>24 A Not that specific kind of detail, no.</p> <p style="text-align: right;">Page 126</p>	<p>1 Q And even though more than 50 percent of the</p> <p>2 autopsies you do you find evidence of marijuana ingestion,</p> <p>3 you can't name a single one, other than Mr. Richardson,</p> <p>4 where you've said that that -- the presence of that</p> <p>5 contributed to cause the death; correct?</p> <p>6 A I couldn't have named Mr. Richardson until</p> <p>7 being identified to come talk about this. I mean, I don't</p> <p>8 remember case by case like that.</p> <p>9 Q Well, Doctor, if marijuana had the propensity</p> <p>10 to contribute to causing people's death and you see it on</p> <p>11 board in over 50 percent of the autopsies you perform,</p> <p>12 wouldn't you expect that a substantial number of your</p> <p>13 autopsies would include a finding that marijuana</p> <p>14 contributed to the death?</p> <p>15 A No. That doesn't make sense.</p> <p>16 Q Because marijuana doesn't contribute to causing</p> <p>17 people's deaths?</p> <p>18 A No, because the people I see are dying of other</p> <p>19 things; gunshot wounds, motor vehicle crashes, drownings.</p> <p>20 Q All right. Did Mr. Richardson overdose on</p> <p>21 marijuana?</p> <p>22 A Once again, using the terminology "overdose,"</p> <p>23 are you saying lethal, that it killed him?</p> <p>24 Q I think that's what overdose means.</p> <p style="text-align: right;">Page 128</p>
<p>1 Q As you sit here today, other than</p> <p>2 Mr. Richardson, you can't bring one case to mind where</p> <p>3 marijuana was identified as contributing to the</p> <p>4 physiological process causing death; correct?</p> <p>5 MS. DINKLER: Asked and answered.</p> <p>6 A Not with a name and number, no.</p> <p>7 BY MR. DICELLO:</p> <p>8 Q Okay. Doctor, do you know what percentage of</p> <p>9 people in the United States use marijuana on a chronic</p> <p>10 basis?</p> <p>11 MS. DINKLER: Objection to form.</p> <p>12 A Well, I don't know about United States, but I</p> <p>13 can tell you it's very high in the population I see.</p> <p>14 BY MR. DICELLO:</p> <p>15 Q So --</p> <p>16 A In the forensic death population, it's high.</p> <p>17 Q When you say "high," what percentage are you</p> <p>18 talking?</p> <p>19 A I would not be surprised if it's a majority,</p> <p>20 greater than 50 percent.</p> <p>21 Q So greater than 50 percent of the autopsies you</p> <p>22 do, there's evidence of marijuana ingestion; correct?</p> <p>23 A That is an estimate. I would not be surprised,</p> <p>24 yes.</p> <p style="text-align: right;">Page 127</p>	<p>1 A No, it's not.</p> <p>2 MS. DINKLER: Objection to form.</p> <p>3 A People overdose and are resuscitated from</p> <p>4 heroin everyday in this city. I bet they are in Cleveland</p> <p>5 as well.</p> <p>6 BY MR. DICELLO:</p> <p>7 Q Oh, yeah. Did Mr. Richardson die from a</p> <p>8 marijuana overdose?</p> <p>9 A It's a contributing factor to his death,</p> <p>10 because it's a cardiac stressor, and it seems to have the</p> <p>11 ability -- it may have produced the reason for his</p> <p>12 resistance to accepting help.</p> <p>13 Q To a reasonable degree --</p> <p>14 A He is highly agitated for some reason.</p> <p>15 Q To a reasonable degree of medical certainty,</p> <p>16 did ingesting marijuana contribute to causing</p> <p>17 Mr. Richardson's death on May 19th, 2012?</p> <p>18 A That's what my report says, yes.</p> <p>19 Q What evidence do you have of that?</p> <p>20 A The historical and documented evidence.</p> <p>21 Q What is it? I want to write it down.</p> <p>22 A Okay.</p> <p>23 Q One.</p> <p>24 A You've got someone who is having some kind of</p> <p style="text-align: right;">Page 129</p>

<p>1 event prior to ever being restrained, whether its a</p> <p>2 cardiac event or whether he's just under the strong</p> <p>3 influence of marijuana, I don't know. Or whether it's a</p> <p>4 combination.</p> <p>5 <b>Q So you don't know.</b></p> <p>6 A It's clearly -- He's having something wrong</p> <p>7 with him.</p> <p>8 <b>Q And you don't know if marijuana is contributing</b></p> <p>9 <b>to that or not?</b></p> <p>10 A I'm saying it is, yes.</p> <p>11 <b>Q Oh, okay. So it's your opinion to a reasonable</b></p> <p>12 <b>degree of medical certainty that marijuana contributed to</b></p> <p>13 <b>Mr. Richardson's --</b></p> <p>14 A Behavior.</p> <p>15 <b>Q -- initial event?</b></p> <p>16 A No, no. To his behavior.</p> <p>17 <b>Q His behavior?</b></p> <p>18 A Yeah.</p> <p>19 <b>Q And you're saying his behavior brought about</b></p> <p>20 <b>the restraint?</b></p> <p>21 A Well, absolutely.</p> <p>22 <b>Q So what evidence do you have of that, that the</b></p> <p>23 <b>marijuana was contributing to Mr. Richardson's behavior?</b></p> <p>24 <b>What evidence do you have?</b></p> <p style="text-align: right;">Page 130</p>	<p>1 A I think that --</p> <p>2 MS. DINKLER: That is misleading.</p> <p>3 Go ahead.</p> <p>4 A State it again, please.</p> <p>5 BY MR. DICELLO:</p> <p>6 <b>Q Well, you know, it's interesting that you were</b></p> <p>7 <b>about to answer until your counsel said it was a</b></p> <p>8 <b>misleading question. Is that true?</b></p> <p>9 MS. DINKLER: Well --</p> <p>10 BY MR. DICELLO:</p> <p>11 <b>Q Is that true, that you were about to answer</b></p> <p>12 <b>until your attorney --</b></p> <p>13 A Yeah. Absolutely. Right.</p> <p>14 <b>Q So you know --</b></p> <p>15 A And someone else entered the conversation.</p> <p>16 <b>Q I know.</b></p> <p>17 A And now I'm interested in you rephrasing --</p> <p>18 <b>Q Right.</b></p> <p>19 A -- or hearing you say it again.</p> <p>20 <b>Q Right. I think that's called coaching the</b></p> <p>21 <b>witness in my line of work.</b></p> <p>22 MS. DINKLER: No, it's not. It's called you</p> <p>23 leaving out a substantial part of his testimony that</p> <p>24 you've asked him about multiple times over and over and</p> <p style="text-align: right;">Page 132</p>
<p>1 A He is acting very agitated, I think some people</p> <p>2 may even say paranoid --</p> <p>3 <b>Q Okay. But what evidence do you have that the</b></p> <p>4 <b>marijuana --</b></p> <p>5 A -- in the process of someone helping him.</p> <p>6 <b>Q What evidence do you have that the marijuana</b></p> <p>7 <b>contributed to it?</b></p> <p>8 A Because that's the only drug on board that</p> <p>9 we've been able to identify.</p> <p>10 <b>Q What other evidence other than it's the only</b></p> <p>11 <b>drug on board do you have that marijuana contributed to</b></p> <p>12 <b>Mr. Richardson's behavior?</b></p> <p>13 A That would be the main thing, as well as the</p> <p>14 account of his behavior.</p> <p>15 <b>Q Okay.</b></p> <p>16 A So the toxicology testing and the account of</p> <p>17 his behavior, those are the two things that are important</p> <p>18 to me.</p> <p>19 <b>Q What evidence do you have outside of, and maybe</b></p> <p>20 <b>there's none, because if I understand it, you're saying</b></p> <p>21 <b>the marijuana brought about the behavior that brought</b></p> <p>22 <b>about the restraint that contributed to his death;</b></p> <p>23 <b>correct?</b></p> <p>24 MS. DINKLER: Objection to form.</p> <p style="text-align: right;">Page 131</p>	<p>1 over because you're trying to put words into his mouth.</p> <p>2 MR. DICELLO: Oh.</p> <p>3 MS. DINKLER: And the record should be fair.</p> <p>4 So I'm making a record. Objection. The grounds for the</p> <p>5 objection is lack of foundation, the question is</p> <p>6 misleading. I didn't say what was misleading about it.</p> <p>7 All I said was misleading.</p> <p>8 MR. DICELLO: Okay. Well, I don't --</p> <p>9 MS. DINKLER: Why don't we just have it read</p> <p>10 back? Actually, why don't we answer this question, have</p> <p>11 it read back, and why don't we take a break? Because</p> <p>12 we've been going at this quite a bit now.</p> <p>13 MR. DICELLO: Sure.</p> <p>14 MS. DINKLER: It's 5:00.</p> <p>15 MR. DICELLO: Happy to take a break. But I do</p> <p>16 want to address the objection. I think what you're</p> <p>17 telling me is that you're objecting as to form or</p> <p>18 foundation, and I think those are perfectly acceptable</p> <p>19 bases for objections. What I don't think is acceptable is</p> <p>20 for you to cut the witness off and say "Objection, that's</p> <p>21 misleading," and then he stops his answer and he asks me</p> <p>22 to rephrase. I think telling a witness that a question is</p> <p>23 misleading is an improper objection, Lynette, and I would</p> <p>24 ask that you stop doing it.</p> <p style="text-align: right;">Page 133</p>

<p>1 MS. DINKLER: Nick, I did not cut him off. If</p> <p>2 he started to talk while I was talking, that was fate.</p> <p>3 But I did not cut my witness off.</p> <p>4 MR. DICELLO: Well, I'd appreciate if you don't</p> <p>5 object on the basis of misleading. Because I just don't</p> <p>6 think that's -- I think that's a speaking objection,</p> <p>7 Lynette.</p> <p>8 MS. DINKLER: You have your opinions and I've</p> <p>9 got mine. Do you want the question read back for him to</p> <p>10 answer?</p> <p>11 A I will delay my answers to allow for time</p> <p>12 for --</p> <p>13 BY MR. DICELLO:</p> <p>14 <b>Q For your lawyer to tell you it's misleading or</b></p> <p>15 <b>not?</b></p> <p>16 MS. DINKLER: Listen. You're doing fine.</p> <p>17 You're not the kid between --</p> <p>18 BY MR. DICELLO:</p> <p>19 <b>Q No, you're doing great.</b></p> <p>20 MS. DINKLER: -- the two parents who are</p> <p>21 arguing here. You're fine.</p> <p>22 A Well, I just find it interesting that I'm</p> <p>23 encouraged to make sure I understand your question, but</p> <p>24 then when I ask for you to do that, then I'm being</p> <p style="text-align: right;">Page 134</p>	<p>1 <b>about the need for restraint, which then contributed to</b></p> <p>2 <b>causing his death. Is that how you're including marijuana</b></p> <p>3 <b>in this?</b></p> <p>4 MS. DINKLER: Objection.</p> <p>5 A It brought about his behavior, requiring</p> <p>6 restraint. And the exercise of a restraint, whether done</p> <p>7 correctly or not, is a cardiac stressor. That's where I'm</p> <p>8 coming from.</p> <p>9 BY MR. DICELLO:</p> <p>10 <b>Q And outside of that, that marijuana you believe</b></p> <p>11 <b>contributed to his behavior to a reasonable degree of</b></p> <p>12 <b>medical certainty, outside of that, do you have any</b></p> <p>13 <b>evidence that marijuana contributed physiologically to</b></p> <p>14 <b>causing his death?</b></p> <p>15 MS. DINKLER: Objection.</p> <p>16 A Marijuana is a known cardiac stressor in some</p> <p>17 individuals.</p> <p>18 BY MR. DICELLO:</p> <p>19 <b>Q Do you have a conclusion to a reasonable degree</b></p> <p>20 <b>of medical certainty that it was a cardiac stressor in</b></p> <p>21 <b>whatever amount was ingested that you don't know in this</b></p> <p>22 <b>case?</b></p> <p>23 A I can't answer that. I don't have him hooked</p> <p>24 up to an EKG machine when he's taking the dope.</p> <p style="text-align: right;">Page 136</p>
<p>1 coached. Now, which one is it?</p> <p>2 BY MR. DICELLO:</p> <p>3 <b>Q That's fair. And I want you to say, "Hey,</b></p> <p>4 <b>Nick, I don't understand your question." But I thought</b></p> <p>5 <b>you were about to answer and then Lynette says, hey,</b></p> <p>6 <b>that's misleading, and puts her hand on your shoulder.</b></p> <p>7 MS. DINKLER: Yeah, just now.</p> <p>8 MR. DICELLO: Look --</p> <p>9 MS. DINKLER: Now when I told him he's not the</p> <p>10 kid. So don't mischaracterize the record.</p> <p>11 MR. DICELLO: You made the objection, you had</p> <p>12 your hand on his shoulder. I don't want to argue.</p> <p>13 A I don't know what a hand on my shoulder means,</p> <p>14 okay? We met like three times, so --</p> <p>15 BY MR. DICELLO:</p> <p>16 <b>Q So listen. My question is: What you're saying</b></p> <p>17 <b>about the marijuana --</b></p> <p>18 MS. DINKLER: Here, it just happened another</p> <p>19 time. We really need to take a break. It's getting hot</p> <p>20 in here.</p> <p>21 BY MR. DICELLO:</p> <p>22 <b>Q The evidence that you have that marijuana</b></p> <p>23 <b>contributed to this death, if I understand you, is you</b></p> <p>24 <b>believe it contributed to his behavior, which brought</b></p> <p style="text-align: right;">Page 135</p>	<p>1 <b>Q All right.</b></p> <p>2 A Or when he's being restrained.</p> <p>3 <b>Q Okay. So you can't say to a reasonable degree</b></p> <p>4 <b>of medical certainty that the amount of marijuana that</b></p> <p>5 <b>this guy ingested contributed to his heart failing;</b></p> <p>6 <b>correct?</b></p> <p>7 MS. DINKLER: Objection.</p> <p>8 A I tuned -- I tuned out or I'm coached or</p> <p>9 whatever. Please repeat the question.</p> <p>10 BY MR. DICELLO:</p> <p>11 <b>Q You can't state to a --</b></p> <p>12 MS. DINKLER: And I asked for a break after the</p> <p>13 last question.</p> <p>14 BY MR. DICELLO:</p> <p>15 <b>Q You can't state to a reasonable degree of</b></p> <p>16 <b>medical certainty that some amount of marijuana that this</b></p> <p>17 <b>man ingested, that you don't know, at some point in time</b></p> <p>18 <b>but you don't know when, had a physiological effect that</b></p> <p>19 <b>contributed to Mr. Richardson's heart stopping; correct?</b></p> <p>20 MS. DINKLER: Objection.</p> <p>21 A I just can't understand that question. It's</p> <p>22 so -- It's so convoluted. If you want to rephrase it,</p> <p>23 I'll be glad to --</p> <p>24 BY MR. DICELLO:</p> <p style="text-align: right;">Page 137</p>

1       **Q As soon as we get an answer to this question,**  
2       **we'll take a break.**  
3       MS. DINKLER: I'll tell you what. We're going  
4       to take -- With all due respect, you don't have one  
5       pending. He's taking a break.  
6       MR. DICELLO: Yes, I do. He just asked me to  
7       rephrase it.  
8       MS. DINKLER: He said it's convoluted.  
9       Do you need a break? I don't want you to --  
10       THE WITNESS: I can answer another question.  
11       MS. DINKLER: All right. Because I don't want  
12       you to sit in here if you're having problems focusing.  
13       THE WITNESS: No, no. I'm fine. I'll be ready  
14       for a break, but one more question --  
15       BY MR. DICELLO:  
16       **Q All right. Maybe I'm getting tired, too,**  
17       **Doctor. But I think this is critical and it's important.**  
18       **This is my one chance to ask you questions, and I've got**  
19       **you here.**  
20       MS. DINKLER: Move to strike.  
21       MR. DICELLO: Do I have another chance to ask  
22       him questions?  
23       MS. DINKLER: You do. But we don't need all of  
24       the lead-in. Just ask the question and let the man have a

Page 138

1       break.  
2       BY MR. DICELLO:  
3       **Q With respect to this marijuana and how it did**  
4       **or didn't affect Mr. Richardson, you've done a nice job**  
5       **explaining that you have a conclusion to a reasonable**  
6       **degree of medical certainty that it affected him in a way**  
7       **that contributed to his behavior. And I want to move**  
8       **outside of that now.**  
9       A Okay.  
10       **Q I'm asking you now: What evidence do you have**  
11       **that leads you to a conclusion to a reasonable degree of**  
12       **medical certainty, okay, that there was a physiological**  
13       **effect on Mr. Richardson's heart from smoking some unknown**  
14       **amount of marijuana at some unknown time?**  
15       MS. DINKLER: Objection to form.  
16       A He's under the influence of the drug when he  
17       has what I believe to be a sudden cardiac death. That's  
18       how I'm connecting the two.  
19       BY MR. DICELLO:  
20       **Q And so based on those two facts, you're saying**  
21       **that the marijuana did something to his heart that**  
22       **contributed to causing it to fail?**  
23       A I'm saying that it altered his behavior  
24       requiring him to be restrained.

Page 139

1       **Q Okay.**  
2       A I'm also saying that marijuana is a known  
3       cardiac toxin, and he has preexisting heart disease. And  
4       so from those two points, I consider the marijuana to be a  
5       significant finding in this case.  
6       **Q But can you say to a reasonable degree of**  
7       **medical certainty that it changed his heart rhythm?**  
8       MS. DINKLER: This is the last question before  
9       a break. This is not fair to the witness. It's not.  
10       A I cannot answer that yes or no. I don't know  
11       what his heart is doing.  
12       BY MR. DICELLO:  
13       **Q Okay. That's all. Got it. Sorry about the**  
14       **delay.**  
15       (Recess taken.)  
16       BY MR. DICELLO:  
17       **Q Doctor, we're back on the record after an**  
18       **overdue break. And I'm not sure with respect to this**  
19       **marijuana issue if I ever did get an answer to the**  
20       **question of whether you have an opinion to a reasonable**  
21       **degree of medical certainty that Mr. Richardson overdosed**  
22       **on marijuana.**  
23       A Well, again, I think you need to define your  
24       idea of "overdose," because you said a minute ago that you

Page 140

1       didn't think you could use that term in a non-lethal  
2       situation.  
3       **Q Well, you're the forensic pathologist, so how**  
4       **do you define the term "overdose"?**  
5       MS. DINKLER: Asked and answered.  
6       A Taking too much of a substance. That's  
7       probably the most basic definition of an overdose.  
8       BY MR. DICELLO:  
9       **Q You don't know how much of the substance**  
10       **Mr. Richardson took?**  
11       A No, I do not.  
12       MS. DINKLER: Asked and answered.  
13       BY MR. DICELLO:  
14       **Q So do you have a conclusion to a reasonable**  
15       **degree of medical certainty that Mr. Richardson overdosed**  
16       **on marijuana?**  
17       A It contributes to his death.  
18       **Q Do you have a conclusion to a reasonable degree**  
19       **of medical certainty that Mr. Richardson overdosed on**  
20       **marijuana?**  
21       A It is a contributing factor to his death.  
22       **Q I need an answer to my question.**  
23       A It's toxic. I'm not tied to how you phrase  
24       your question. You're phrasing it in a way that is

Page 141

1 nebulous to me.

2 **Q What's nebulous about it?**

3 A I'm not trying to be -- I'm not trying to be --

4 **Q The term overdose?**

5 A Well, just a minute ago you said that overdose

6 means you die from it. Well, that's not my definition.

7 That's not true. It's just not true.

8 **Q So do you have a conclusion to a reasonable**

9 **degree of medical certainty that Mr. Richardson overdosed,**

10 **according to your definition, on marijuana?**

11 A He is -- I believe he is acting like he is

12 toxic for marijuana by his behavior. And I think it is

13 affecting his heart.

14 **Q And that's --**

15 A Is that answering your question?

16 **Q I mean, I'm not choosing the word "overdose",**

17 **am I, Doctor?**

18 MS. DINKLER: Objection.

19 A I didn't write that.

20 MS. DINKLER: That misstates the record.

21 BY MR. DICELLO:

22 **Q Who included "drug overdose" on the**

23 **supplemental medical certification that you signed?**

24 A When -- When you include a non -- I'm sorry, an

Page 142

1 unnatural manner of death, then line thirty -- I'm sorry,

2 I can't even read it -- 33 F, I think, is how injury

3 occurred. It's the vital statistics line, okay? How

4 injury occurred when it's a non-natural death. And so

5 what do you want to put in there? In my opinion, the drug

6 is a contributing factor, so drug overdose. The overdose

7 there does not mean that he died solely due to marijuana.

8 That's not what it means.

9 **Q Well, let's make sure we understand what we're**

10 **looking at. I'm showing you, and this is contained within**

11 **this exhibit that I have in front of you, that you said is**

12 **more or less the file, and that's exhibit number, is it**

13 **four, Doctor?**

14 A Four, yes.

15 **Q I'm showing you MC 3210. This is a Ohio**

16 **Department of Health Vital Statistics Supplementary**

17 **Medical Certification executed by you; correct?**

18 A That's right.

19 **Q This is an official public record; correct?**

20 A Correct.

21 **Q And this is a document, you understand, that**

22 **creates a presumption as to what caused this person's**

23 **death. Do you understand that?**

24 A That's the purpose of it.

Page 143

1 **Q So did a drug overdose cause his death?**

2 MS. DINKLER: Objection to form.

3 A A drug plays a role in his death. It

4 contributes to his death. And so how did the injury

5 occur, why is it an accident. It's an accident because of

6 the marijuana, okay? And so in the how injury occurred,

7 drug overdose is the easiest way to say that. I could

8 have put marijuana use. It would have been the same thing

9 in my mind. How someone else interprets that, I don't

10 have control over that.

11 BY MR. DICELLO:

12 **Q Okay. What injury was caused by the drug**

13 **overdose?**

14 A When I'm saying how injury occurred, that's

15 just the -- that's just how the form is worded. That's

16 not my wording.

17 **Q I appreciate that, doctor. But I'm doing my**

18 **best to interpret this form. You told me that its purpose**

19 **is to communicate to the public how Mr. Richardson died.**

20 **You've included in this document, before you signed it,**

21 **that he was injured by a drug overdose. I'm asking you**

22 **what injury was caused by a drug overdose?**

23 A Again, back to it's creating him -- it's

24 altering his behavior and it has the potential to be

Page 144

1 cardiac toxic. That's the -- That's the injury, if you

2 want to phrase that. It's a form. It doesn't make

3 grammatical sense at times. I didn't make the form.

4 **Q Did Mr. Richardson accidentally ingest**

5 **marijuana?**

6 MS. DINKLER: Objection to form.

7 A No, that's not what that is saying.

8 BY MR. DICELLO:

9 **Q Do you know if he smoked it or ate it?**

10 A I do not know.

11 **Q So what was the accident that occurred?**

12 A Okay.

13 MS. DINKLER: Objection; form.

14 Go ahead.

15 A Manner of death in Ohio, we have natural,

16 accident, suicide, homicide, undetermined. Those are our

17 five categories.

18 BY MR. DICELLO:

19 **Q Okay.**

20 A Okay? And so by convention, anything that is

21 contributing to the death that is of unnatural origin,

22 okay?

23 **Q Marijuana is natural.**

24 A No, no.

Page 145

<p>1 MS. DINKLER: Objection to form. Please don't</p> <p>2 interrupt him.</p> <p>3 Do you need the question read back?</p> <p>4 THE WITNESS: No.</p> <p>5 A So explaining manner of death. In a death</p> <p>6 where there's any contributing factor, either immediate</p> <p>7 cause of death or a contributing factor, that is of</p> <p>8 unnatural means, then that -- that rules the manner. For</p> <p>9 most people. Some people make exceptions on what's the</p> <p>10 overwhelming picture, okay, even though there might be</p> <p>11 unnatural means. But in general, if you have something</p> <p>12 that is playing a role in the person's death that is not</p> <p>13 natural disease, then it's not a natural death.</p> <p>14 BY MR. DICELLO:</p> <p>15 <b>Q Okay.</b></p> <p>16 A If it's trauma, then it's, you know, then</p> <p>17 that's the accidental. If it's a drug intoxication,</p> <p>18 again, most of those are going to fall in the category of</p> <p>19 accident, some of them fall in the category of suicide, a</p> <p>20 tiny percentage fall in the category of homicide. Okay?</p> <p>21 <b>Q Okay.</b></p> <p>22 A And then there's certain ones where you don't</p> <p>23 know. But in the case of Robert Richardson, the reason I</p> <p>24 am ruling it an accident as far as the manner is due to</p> <p style="text-align: right;">Page 146</p>	<p>1 <b>conduct of others, whether intentional or not?</b></p> <p>2 A At the hands of others? Do you want to use</p> <p>3 that definition?</p> <p>4 <b>Q Whether intentional or unintentional?</b></p> <p>5 A Okay.</p> <p>6 MS. DINKLER: Objection to the form.</p> <p>7 A What about if you hit somebody with your car</p> <p>8 going home and kill them? Is that a homicide? No, it is</p> <p>9 not. That is ruled an accident, even if it's at your</p> <p>10 hands, intentional or unintentional. Intentional, it</p> <p>11 would be a homicide. Unintentional, it's an accident.</p> <p>12 BY MR. DICELLO:</p> <p>13 <b>Q What if I've blown the stop sign?</b></p> <p>14 A Accident.</p> <p>15 <b>Q Oh, okay.</b></p> <p>16 A You seem in disbelief to that. Do you see a</p> <p>17 lot of motor vehicle accidents ruled homicides? Because I</p> <p>18 don't. I don't see that.</p> <p>19 <b>Q Okay.</b></p> <p>20 MS. DINKLER: Nick, before you switch topics,</p> <p>21 it's 5:24. Dr. Casto needs to be someplace. I need to be</p> <p>22 someplace. We were planning on having another witness</p> <p>23 after him today, so we weren't planning on this schedule.</p> <p>24 And I'd like to be present when his deposition is</p> <p style="text-align: right;">Page 148</p>
<p>1 the marijuana.</p> <p>2 <b>Q Okay.</b></p> <p>3 A Regardless if it's a natural plant or not, that</p> <p>4 has nothing to do with my -- my logic on that, okay?</p> <p>5 <b>Q So the stress on the heart brought on by the</b></p> <p>6 <b>restraint was a result of the conduct of, I think in your</b></p> <p>7 <b>opinion, you would say both Mr. Richardson and the</b></p> <p>8 <b>corrections officers; true?</b></p> <p>9 A No. I would say he's requiring restraint based</p> <p>10 on his behavior.</p> <p>11 <b>Q So you're making conclusions on whether the</b></p> <p>12 <b>restraint was appropriate?</b></p> <p>13 MS. DINKLER: Objection to form.</p> <p>14 A No, I'm not.</p> <p>15 BY MR. DICELLO:</p> <p>16 <b>Q I think you've told me the restraint</b></p> <p>17 <b>contributed to causing his death; correct?</b></p> <p>18 A From a point of exercise, yeah, or -- you know,</p> <p>19 strenuous activity, yes.</p> <p>20 <b>Q So why isn't it ruled a homicide?</b></p> <p>21 A Well, you probably would have to go through</p> <p>22 some scenarios to make this clear. This does not fall in</p> <p>23 the category of homicide in my opinion.</p> <p>24 <b>Q Why not? Wasn't his death brought about by the</b></p> <p style="text-align: right;">Page 147</p>	<p>1 concluded. I am not available to do that tomorrow. And</p> <p>2 so I just wanted to let you know what the lay of the land</p> <p>3 was.</p> <p>4 BY MR. DICELLO:</p> <p>5 <b>Q Your original death certificate ruled the</b></p> <p>6 <b>manner of death natural; correct?</b></p> <p>7 A That's correct. That was five days after the</p> <p>8 autopsy.</p> <p>9 <b>Q And you didn't conclude cardiac arrhythmia;</b></p> <p>10 <b>correct?</b></p> <p>11 A I still had the same cause of death, I just</p> <p>12 didn't have the mechanism in there. I listed hypertensive</p> <p>13 arteriosclerotic cardiovascular disease, which is the</p> <p>14 underlying cause of death on the supplemental. I just</p> <p>15 didn't have the mechanism as cardiac arrhythmia.</p> <p>16 <b>Q Okay.</b></p> <p>17 A And it's natural, because at this point we</p> <p>18 don't know about the marijuana. That comes weeks later,</p> <p>19 okay? Toxicology takes time.</p> <p>20 <b>Q But at the point where you completed the</b></p> <p>21 <b>original death certificate on May 25th, 2012, you hadn't</b></p> <p>22 <b>yet looked at the video; true?</b></p> <p>23 MS. DINKLER: Asked and answered.</p> <p>24 A Correct.</p> <p style="text-align: right;">Page 149</p>

1 BY MR. DICELLO:  
2 **Q And the toxicology reports weren't returned**  
3 **yet; correct?**  
4 A That's right.  
5 **Q But you did know that he died as a result of**  
6 **the stress on his heart as a result of the restraint with**  
7 **the officers; correct?**  
8 MS. DINKLER: Objection to form.  
9 A Yeah, I understand that.  
10 BY MR. DICELLO:  
11 **Q All right. But it was still just his natural**  
12 **disease process that caused his death?**  
13 A That's right. And I can provide you scenarios  
14 where I would not call that natural.  
15 **Q You have the time of injury due to drug**  
16 **overdose occurring at 4:00 p.m. What evidence do you have**  
17 **to support that, Doctor?**  
18 A Oh, what time was he pronounced here?  
19 **Q 16:08. So what injury --**  
20 A So 4:00.  
21 **Q What injury --**  
22 A Okay, that's just --  
23 **Q Let me finish my question.**  
24 A Sorry.

Page 150

1 **Q What injury did the patient experience four**  
2 **minutes before he died as a result of a drug overdose?**  
3 MS. DINKLER: Objection to form.  
4 Go ahead.  
5 A You're splitting hairs regarding this form,  
6 okay?  
7 BY MR. DICELLO:  
8 **Q All right.**  
9 A The 16:00 hours is just, that's near the time  
10 he's pronounced. That by no means is meant to say that  
11 somehow I know he ingested the marijuana at 16:00 hours or  
12 that he became toxic at 16:00 hours. That's not the  
13 purpose.  
14 **Q So what happened at 16:00 hours?**  
15 A Well, he's just about dead.  
16 **Q The toxicology reports, from what I saw, don't**  
17 **show any lorazepam on board.**  
18 A That's right.  
19 **Q Why do you think that is, given that they**  
20 **injected it?**  
21 A Because it's not detectable.  
22 **Q Was it tested for, or no?**  
23 A Oh, yeah.  
24 **Q Just Ativan isn't detectable in the blood?**

Page 151

1 A Oh, no, it's detectable. We see that all day.  
2 **Q So why do you think there was no detectable**  
3 **level of Ativan or lorazepam in this case?**  
4 A Because he is receiving an injection in either  
5 fat or muscle, okay? So that does not have immediate  
6 access to the blood. In other words, you don't push it in  
7 the fat and muscle and then all of a sudden it goes right  
8 into the blood system where you can detect it. It takes  
9 time to diffuse into the blood system. And he died  
10 shortly after that injection. So my opinion is that it  
11 just has not had time to reach the detectable level in his  
12 blood, because of his short time of survival after the  
13 injection.  
14 **Q And if this is outside of your area of**  
15 **expertise, let me know. But as a forensic pathologist,**  
16 **you kind of have to look at a lot of disciplines**  
17 **sometimes.**  
18 A That's correct.  
19 **Q But given the fact that you -- the drug had not**  
20 **made it from the musculature or the tissue into the blood**  
21 **yet, would you expect that drug to have any effect on the**  
22 **patient?**  
23 A No.  
24 **Q So the lorazepam that was administered had no**

Page 152

1 **effect on Mr. Richardson; correct?**  
2 A That's my opinion.  
3 MR. DICELLO: Can we go off the record for a  
4 minute?  
5 (Discussion held off the record.)  
6 BY MR. DICELLO:  
7 **Q I just want to say something. And I understand**  
8 **people's scheduling issues, and I'm not trying to be**  
9 **difficult about scheduling, Doctor, but it was my**  
10 **intention to take your deposition from start to finish**  
11 **today. Sometimes they take a long time, sometimes they're**  
12 **quick. This one is taking a long time. You know, I take**  
13 **responsibility for that. But I've got questions about**  
14 **things that are at issue I believe in this case.**  
15 MR. DICELLO: And I was not ever told that  
16 there would be a stop time today where we couldn't get his  
17 deposition scheduled.  
18 MS. DINKLER: Nick, you scheduled a deposition  
19 after this deposition. So is it unfair for me to presume  
20 that his deposition is going to be completed as the second  
21 of three depositions today before the close of business?  
22 MR. DICELLO: Well --  
23 MS. DINKLER: That was your schedule. That  
24 wasn't something that we imposed on you. You represented

Page 153



<p>1 that you were going to do three depositions today. So</p> <p>2 please don't act like we're denying you the opportunity to</p> <p>3 finish his deposition when it's 5:30 and I have child care</p> <p>4 arrangements that I need to make for my three children,</p> <p>5 which I had no reason to do when he's one of two and he's</p> <p>6 in the middle.</p> <p>7 You weren't planning on being here until ten</p> <p>8 o'clock. I know I'm joining the party because I was out</p> <p>9 for surgery, but have you all been working until ten</p> <p>10 o'clock at night?</p> <p>11 MR. DICELLO: Well, I don't think I was making</p> <p>12 that suggestion, but --</p> <p>13 MS. DINKLER: Well, I don't know what</p> <p>14 suggestion you're making, then. I mean, we had damage</p> <p>15 depositions set up that we were expecting to take when,</p> <p>16 tomorrow?</p> <p>17 MR. PREGON: Thursday.</p> <p>18 MS. DINKLER: Thursday? That we learned today</p> <p>19 are not showing up, depriving us of the ability to explore</p> <p>20 what the damages are in this case. And that's something</p> <p>21 that the defense lawyers want to talk about. I'm sure</p> <p>22 we'll work through it. But please don't cast us versions</p> <p>23 that we're not going to be able to get this deposition</p> <p>24 done because Mr. Casto and I have to leave at 5:30.</p> <p style="text-align: right;">Page 154</p>	<p>1 MR. DICELLO: Well, I have to come back down</p> <p>2 here, unless, you know --</p> <p>3 MS. DINKLER: Well, you're going to have to</p> <p>4 come back down here for all of the mothers of the children</p> <p>5 in this case that we were supposed to depose this week</p> <p>6 that you said you were producing that you've told Jamey</p> <p>7 you're not producing now this week. So we're going to be</p> <p>8 together --</p> <p>9 MR. DICELLO: I've had open conversation with</p> <p>10 the other side as to my ability to obtain these people.</p> <p>11 And I told Jamey last week that I expect to be able to</p> <p>12 have a couple, I don't know if I will, but at a minimum</p> <p>13 we'll be able to do the parents and the grandparents. And</p> <p>14 that's what we're doing. I've been open about</p> <p>15 communicating that. I don't have full control over these</p> <p>16 people.</p> <p>17 MS. DINKLER: Well, we need to subpoena these</p> <p>18 people so that we can get some idea on damages. We don't</p> <p>19 have any paper on damages, we're not getting witnesses</p> <p>20 that we need to get for damages.</p> <p>21 MR. DICELLO: So to let the doctor go, can we</p> <p>22 agree on the record that subject to everyone's calendar to</p> <p>23 get him back under deposition --</p> <p>24 MS. DINKLER: You have my word that he will be</p> <p style="text-align: right;">Page 156</p>
<p>1 MR. DICELLO: I've got to be honest, I have no</p> <p>2 idea what you're talking about with these other</p> <p>3 witnesses. But let's not waste the doctor's time. I just</p> <p>4 want the record to say that, yes, in the past weeks before</p> <p>5 you got involved, Lynnette, yes, we have gone past 5:30</p> <p>6 and we have rescheduled people for the following day. And</p> <p>7 we've done the best we can. And that's why I've scheduled</p> <p>8 Ms. Smiley, as we discussed, that as somebody who is not</p> <p>9 all that important, and if we couldn't get to her that we</p> <p>10 wouldn't. I'm not trying to say this is intentional in</p> <p>11 any way. It is what it is. But I just want the record to</p> <p>12 reflect that I am here prepared to conclude this</p> <p>13 deposition and avoid the cost and expense of calling</p> <p>14 Dr. Casto for a second deposition, and I was never</p> <p>15 notified that everybody had a 5:30 deadline today. And</p> <p>16 that's all I'm saying. I'm not trying to say you did it</p> <p>17 intentionally or it's --</p> <p>18 MS. DINKLER: Well, I don't have an obligation</p> <p>19 to notify you that I need to be somewhere at 5:30 when</p> <p>20 you're planning on doing him as number two out of three</p> <p>21 witnesses. Likewise, I wouldn't have expected him to have</p> <p>22 to be here beyond 5:30, to even ask him that. We're happy</p> <p>23 to reschedule it. I have no idea what additional expense</p> <p>24 you're going to incur by having him back.</p> <p style="text-align: right;">Page 155</p>	<p>1 produced as he was today to finish his deposition. It is</p> <p>2 that simple.</p> <p>3 MR. DICELLO: I'm just trying to get an</p> <p>4 agreement on the record that given that his deposition</p> <p>5 testimony is critical to expert witness reports that I</p> <p>6 have to produce by early January, that subject to making</p> <p>7 him available for deposition --</p> <p>8 MS. DINKLER: I have a doctor's appointment</p> <p>9 tomorrow that I cannot cancel. I will reproduce him as</p> <p>10 quickly as possible so that you can finish. We have</p> <p>11 worked with you on scheduling and we will continue to do</p> <p>12 that.</p> <p>13 MR. DICELLO: Okay. That's all I wanted to</p> <p>14 say.</p> <p>15 MS. DINKLER: But I'm not --</p> <p>16 MR. DICELLO: Can we get some reprieve on the</p> <p>17 January 4th deadline for Plaintiff's expert reports</p> <p>18 assuming we can't complete the doctor's deposition?</p> <p>19 MS. DINKLER: Yeah, we'll have him -- we can</p> <p>20 work something out.</p> <p>21 MR. DICELLO: Okay. That's all I wanted to</p> <p>22 know.</p> <p>23 MS. DINKLER: But we just need to do that with</p> <p>24 Tina, because I have to leave and he has to leave.</p> <p style="text-align: right;">Page 157</p>



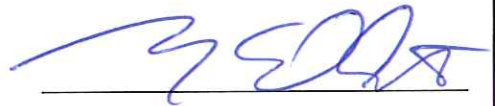
<p>1 MR. DICELLO: Doctor, thank you. Pleasure</p> <p>2 meeting you. I look forward to seeing you again.</p> <p>3 THE WITNESS: Thank you.</p> <p>4 - - -</p> <p>5 (Signature not waived.)</p> <p>6 - - -</p> <p>7 And, thereupon, the deposition was concluded at</p> <p>8 5:34 p.m.</p> <p>9 - - -</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p style="text-align: right;">Page 158</p>	<p>1 State of _____</p> <p>2 County of _____</p> <p>3 I, BRYAN CASTO, M.D., do hereby certify that I</p> <p>4 have read the foregoing transcript of my deposition given</p> <p>5 on December 7, 2015; that together with the correction</p> <p>6 page attached hereto noting changes in form or substance,</p> <p>7 if any, it is true and correct.</p> <p>8 _____</p> <p>9 BRYAN CASTO, M.D.</p> <p>10 I do hereby certify that the foregoing transcript</p> <p>11 of the deposition of BRYAN CASTO, M.D. was submitted to</p> <p>12 the witness for reading and signing; that after he had</p> <p>13 stated to the undersigned Notary Public that he had read</p> <p>14 and examined his deposition, he signed the same in my</p> <p>15 presence on the ____ day of _____, 2015.</p> <p>16 _____</p> <p>17 Notary Public</p> <p>18 My Commission Expires on _____</p> <p>19 - - -</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p style="text-align: right;">Page 160</p>
<p>1 December 14, 2015</p> <p>2 Dear Dr. Casto,</p> <p>3 You have chosen to read and sign your transcript.</p> <p>4 Please do not mark on the transcript. Any</p> <p>5 corrections/changes you may desire to make in your</p> <p>6 testimony should be typewritten or printed on the errata</p> <p>7 sheet at the end of testimony, giving the page number,</p> <p>8 line number and desired correction/change. After you have</p> <p>9 read the transcript, sign your name on the correction</p> <p>10 sheet and where indicated at the close of testimony before</p> <p>11 a notary public.</p> <p>12 The Rules of Civil Procedure allow thirty days for</p> <p>13 you to read and sign. Please return the signature page</p> <p>14 and errata sheet to Whitney Layne, 6723 Cooperstone Drive,</p> <p>15 Dublin, Ohio 43017 within that time. Failure to do so in</p> <p>16 the allotted time will result in your transcript being</p> <p>17 used as though read and signed by you.</p> <p>18</p> <p>19 Sincerely,</p> <p>20 _____</p> <p>21 Whitney Layne</p> <p>22 Professional Reporter</p> <p>23</p> <p>24 Cc:</p> <p>Nick DiCello</p> <p>Carrie Starts</p> <p>Jamey Pregon</p> <p style="text-align: right;">Page 159</p>	

1 State of Ohio

2 County of Montgomery

3 I, BRYAN CASTO, M.D., do hereby certify that I  
4 have read the foregoing transcript of my deposition given  
5 on December 7, 2015; that together with the correction  
6 page attached hereto noting changes in form or substance,  
7 if any, it is true and correct.

8




9

BRYAN CASTO, M.D.

10 I do hereby certify that the foregoing transcript  
11 of the deposition of BRYAN CASTO, M.D. was submitted to  
12 the witness for reading and signing; that after he had  
13 stated to the undersigned Notary Public that he had read  
14 and examined his deposition, he signed the same in my  
15 presence on the 17<sup>th</sup> day of Dec, 2015.

16



17

Notary Public

18 My Commission Expires on July 16, 2017

19

- - -

**LORA L. CHENOWETH, Notary Public**  
**In and for the State of Ohio**  
**My Commission Expires July 16, 2017**

20

21

22

23

24



1 TO THE REPORTER:

2 I have read the entire transcript of my deposition taken  
3 on the 7<sup>th</sup> day of Dec, 2015, or the same has been  
4 read to me. I request that the following changes be  
5 entered upon the record for the reasons indicated.

6

7 Page Line Correction and reason therefore

8 5 10 "Douglass" (spelling)

9 40 11 "Restraint deaths" rather than "Restraint to deaths"

10 48 8-9 "Forensic pathologist" not "for the pathologist"

11 99 17-18 "disease as a cause of death"

12 123 2 "Baselt" (spelling)

13 142 12 "Toxic from marijuana" (grammar)

14

15

16

17

18

19

20

21

22

23 Date 12-17-2015 Signature 

24

Bryan D. Casto

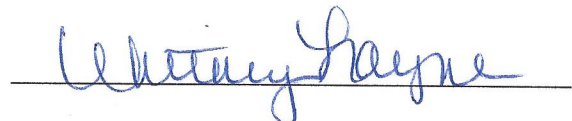
CERTIFICATE

State of Ohio :

County of Franklin:

I, Whitney Layne, Notary Public in and for the State of Ohio, duly commissioned and qualified, certify that the within named BRYAN CASTO, M.D. was by me duly sworn to testify to the whole truth in the cause aforesaid; that the testimony was taken down by me in stenotype in the presence of said witness; afterwards transcribed upon a computer; that the foregoing is a true and correct transcript of the testimony given by said witness taken at the time and place in the foregoing caption specified.

IN WITNESS WHEREOF, I have set my hand and affixed my seal of office at Dublin, Ohio, on this 14th day of December, 2015.

A handwritten signature in blue ink, reading "Whitney Layne", is written over a horizontal line.

Whitney Layne, Notary Public

In and for the State of Ohio

My Commission expires May 4, 2020

A				
a.m 91:5	administrator 1:4	analyte 119:12	argue 31:12 135:12	ASSOCIATES 1:21
AAFS 61:21	91:3,17	analytes 118:9	arguing 134:21	association 34:15
abandoned 61:10	admission 24:15	anatomic 60:3,22	argument 32:17	34:17 35:22 58:18
abdomen 80:16	adult 75:10,24	60:24	arrangement 23:7	63:24
85:20	adults 75:17	anatomical 106:19	arrangements	assume 23:9 30:10
ability 81:23 82:20	advance 23:22 24:9	and/or 79:4	154:4	69:8 112:16
117:19 129:11	36:22 38:12 55:24	Andrew 1:5	arrhythmia 79:6,11	118:15
154:19 156:10	68:5	animal 122:18	79:15,22 109:14	assumes 7:2 30:7
able 38:9 49:1 57:4	advice 10:16 13:9	answer 10:10,21	149:9,15	68:1
61:20 96:10	13:16,21	11:1,10,12,16	arrythmia 107:22	assuming 157:18
103:21 122:12	affect 139:4	12:8 22:21,24	108:16	ate 145:9
131:9 154:23	affixed 162:17	23:1,8,19 24:7	arteries 106:12	atherosclerosis
156:11,13	afforded 7:9	28:14 42:6 49:1	arteriosclerotic	104:12,20 105:18
absolutely 19:20	aforesaid 162:9	56:4 103:21	93:10 105:8	atherosclerotic
67:8 88:21 130:21	African 68:12	112:20 114:12	106:15 149:13	100:17 105:16
132:13	afternoon 5:6,7	115:4,12,16,22	artery 98:4 100:18	107:4
abundant 109:22	age 100:2,10 107:4	116:6 117:1,2	100:21,24 101:4,7	Ativan 91:7,22
Academy 58:17	agitated 129:14	125:21 132:7,11	101:9,9,14,20,23	151:24 152:3
61:16	131:1	133:10,21 134:10	102:3,18,21,22	attached 14:20,20
accept 81:11 96:9	ago 25:23 33:3,4	135:5 136:23	104:24	160:6
acceptable 133:18	38:17 112:8 119:5	138:1,10 140:10	article 42:23	attack 33:23
133:19	140:24 142:5	140:19 141:22	articles 37:16 38:3	attempt 59:18
accepting 129:12	agree 39:2,3 43:15	answered 36:7 54:6	38:13 39:22,23	attend 67:7,14 69:1
access 37:10,13	64:7 84:21 85:4	89:1 90:6 98:12	40:1,14,16 43:3	attends 68:20 71:17
40:1 60:21 63:13	97:19,21,23 98:8	98:17 114:17	asked 19:8,12 21:9	attorney 5:23 7:19
64:5 152:6	99:12 100:10	115:9,19,20	23:5,8 36:7 38:23	8:13,17 9:9 12:23
accident 58:9 144:5	102:13,17 103:10	116:24 127:5	39:2 44:8 54:6	22:15 49:16,18
144:5 145:11,16	106:20 107:22	141:5,12 149:23	71:5 75:1 89:1	67:20 132:12
146:19,24 148:9	108:9 113:10	answering 12:17,18	90:6 98:12,17	attorney/client 8:18
148:11,14	118:16 120:8	22:14 142:15	114:17 115:9,19	8:22 10:19 12:7
accidental 146:17	121:7 156:22	answers 70:5	115:20 116:24	42:2,7
accidentally 145:4	agreed 80:3 125:17	134:11	127:5 132:24	attorneys 7:6 9:4
accidents 148:17	agreement 157:4	anterior 100:18	137:12 138:6	18:13 19:11 33:11
accommodate	ahead 7:4,13,24	101:22 102:3,5,16	141:5,12 149:23	36:15 52:10 53:1
18:19	8:12 12:9 21:24	102:21,22 104:24	asking 9:4 22:4 32:1	54:4
account 131:14,16	28:21 30:9 32:10	anticipation 26:2	76:22 107:12	atypical 7:18
accounts 26:13,20	35:10 36:18 41:20	anybody 42:16 66:4	112:8 116:7 126:4	audibly 22:21
27:7,15 28:9,17	54:7 72:14 82:15	66:5 67:4	139:10 144:21	authored 30:15
113:14	85:8 87:21 90:7	apologize 114:9	asks 133:21	90:19
accurate 33:7	91:14 95:14 98:21	appologize 114:9	asphyxia 40:12 75:6	authors 29:8 33:21
accurately 33:5	108:20 109:7	apparent 121:21	75:9,24 76:3,3,4	37:11 38:21
acquired 26:23	113:23 114:18	appear 27:4 36:10	76:11,20 79:4,4,6	autopsies 25:10
act 154:2	115:24 116:4	APPEARANCES	79:10,11,24 80:1	56:16,21 57:5
acting 131:1 142:11	132:3 145:14	2:1	80:6,8,13 81:5,9	58:8 67:7,14 75:2
activities 66:14	151:4	appeared 105:5	81:17,21,21 82:1	127:21 128:2,11
activity 114:24	air 88:18 89:4	appears 68:8	82:7,7,18,21 83:1	128:13
147:19	al 1:9	applicable 1:15 3:6	83:4,11,16 85:2,5	autopsy 14:18 16:1
actual 18:12 39:22	allotted 159:10	applied 80:16	85:13,17 86:8	19:6 25:6 26:3
71:22 95:3,11	allow 134:11 159:8	applies 30:23 83:21	87:17,17,19 88:2	27:8 34:7 36:6,23
acute 117:4,5	allowed 19:24	84:9	112:6	37:6 38:6,8 55:19
118:23	alongside 117:17	apply 63:23 84:4	asphyxias 76:13	56:2 64:1 68:6,13
acutely 117:12	altered 139:23	applying 61:8	asphyxiation 55:3,5	68:21 69:1,10
addition 43:14	altering 144:24	appointment 6:16	81:2,15 85:24	70:13,15 71:13,16
61:21 63:6,8	AMA 34:19 35:3,22	18:4 157:8	86:18,19 87:1,7	71:18,22 74:17
additional 155:23	American 34:15,16	77:21 114:8 115:3	87:11 88:3,7,16	75:10,24 76:3,11
address 133:16	58:17 61:9,16	125:21 134:4	88:24 89:6,10	83:15,15,23 90:3
adhere 64:3	68:12 97:10	144:17	112:24	90:20 92:18 94:14
administered 91:7	amount 121:8,16	appropriate 147:12	assigned 71:3,11	101:17 104:13
152:24	122:1,9 136:21	approximately	assigning 70:17	107:1 109:16,17
	137:4,16 139:14	50:19	associated 59:3	111:16,21 112:22
	analysis 78:19	area 152:14	79:11 80:1 124:4	124:13 125:4



126:9,22 149:8 <b>autopsy's</b> 95:3 <b>available</b> 18:15 71:20,21 72:3 149:1 157:7 <b>Avenue</b> 1:16 2:3,8 <b>average</b> 110:6,11 <b>avoid</b> 155:13 <b>aware</b> 7:11,14 9:9 21:6 22:11 30:14 35:6,11,24 44:11 82:24 103:14,16 122:17 123:17	139:17 142:11 153:14 <b>believed</b> 43:12 105:5 <b>belly</b> 80:12,16,19 <b>benefit</b> 55:16 93:12 <b>Bernard</b> 39:7 <b>best</b> 28:14 30:11 32:2 64:3 70:6 71:15 84:13 144:18 155:7 <b>bet</b> 129:4 <b>better</b> 104:13 119:11 <b>Betz</b> 65:16 <b>Beyoglies</b> 1:4 <b>beyond</b> 62:22 155:22 <b>bias</b> 30:6,11,12 <b>big</b> 76:6 80:12 97:18 102:10 <b>bigger</b> 80:15 <b>bit</b> 47:9 100:14 107:16 133:12 <b>block</b> 105:1 <b>blocks</b> 17:16,17,18 18:1 <b>blood</b> 102:17 109:22 111:4,6,9 117:11 119:23 123:12 151:24 152:6,8,9,12,20 <b>blown</b> 148:13 <b>board</b> 58:21,23 59:1 59:8,20 60:11,13 60:21 61:1,4,8,9 61:10 124:20 126:10,15 128:11 131:8,11 151:17 <b>boards</b> 60:18,19 <b>body</b> 80:17 86:20 119:9 120:22 121:17 <b>Boehringer</b> 2:15 <b>book</b> 30:15,16,17 35:18 39:13 <b>bottom</b> 14:15 55:8 77:9,10 <b>boy</b> 29:11 <b>Brannon</b> 49:21,22 49:24 50:5,10,17 50:19 51:17 52:6 53:1,15,17,21 54:13 <b>Brannon's</b> 51:23 52:7 <b>break</b> 11:24 23:17 23:19 40:19 45:22 133:11,15 135:19 137:12 138:2,5,9 138:14 139:1	140:9,18 <b>breakdown</b> 119:2 <b>breathe</b> 81:23 82:20 89:8,15 <b>breathing</b> 80:23 86:14 88:6,8,23 122:13 <b>Brenda</b> 2:16 <b>bring</b> 9:21 10:2 13:18,22 42:7,8 44:8,9,12 46:4 127:2 <b>bringing</b> 47:3 <b>brought</b> 9:13 10:5 13:11,22 14:6 15:5 41:1 42:8 43:11 44:16 46:15 47:7 55:13 93:16 94:22 130:19 131:21,21 135:24 136:5 147:5,24 <b>Bryan</b> 1:14 3:5 4:2 5:1,10 160:3,9,11 162:7 <b>business</b> 52:19 97:17 153:21	<b>cardiovascular</b> 93:10 99:4,10,13 99:14,17 100:1 149:13 <b>care</b> 89:23 90:5 154:3 <b>career</b> 21:6 29:23 30:4 65:21 124:10 125:16 <b>careful</b> 77:17 <b>Carrie</b> 2:11 159:15 <b>case</b> 1:7 7:10 8:8,15 9:5 10:18,19 12:21 14:4 16:16 19:23 20:17 21:16 21:17,18 22:2,5 22:10 27:10 28:12 33:11,23 36:15 51:5,9 53:19,23 54:2 57:19 70:7 71:21 73:3,12,23 78:21 109:8 111:20 123:17 124:3,24 125:13 127:2 128:8,8 136:22 140:5 146:23 152:3 153:14 154:20 156:5 <b>case-by-case</b> 66:2 <b>cases</b> 17:3 50:5,8,17 50:21,22 51:4,7 51:21 52:24 123:3 123:6,20 126:10 126:19 <b>cast</b> 154:22 <b>Casto</b> 1:14 3:5 4:2 5:1,10,11 10:18 12:6 14:14 15:2 41:6 44:20 77:7 96:6 148:21 154:24 155:14 159:2 160:3,9,11 162:7 <b>Casto's</b> 121:16 <b>categories</b> 145:17 <b>category</b> 31:13 32:12 100:10 146:18,19,20 147:23 <b>causation</b> 51:16 <b>cause</b> 31:5,7 33:9 34:4 75:5,10,24 76:14 79:18,21 93:4,11 99:18,18 100:1 105:17,18 111:22 120:12 124:21,22 125:23 128:5 144:1 146:7 149:11,14 162:8 <b>caused</b> 143:22	144:12,22 150:12 <b>causes</b> 20:13 <b>causing</b> 81:5 107:13 108:16 109:2,13 125:15 127:4 128:10,16 129:16 136:2,14 139:22 147:17 <b>Cc</b> 159:14 <b>cell</b> 114:22 <b>certain</b> 80:1,22 96:17 116:16 146:22 <b>certainly</b> 85:9 <b>certainty</b> 31:6,21 32:5,12 33:13 109:13 114:4,11 114:14 115:5,18 116:21 117:15 118:4,7 119:21 129:15 130:12 136:12,20 137:4 137:16 139:6,12 140:7,21 141:15 141:19 142:9 <b>certificate</b> 93:3,6,9 149:5,21 162:1 <b>certificates</b> 25:10 <b>certification</b> 58:23 59:1,8,20 60:12 60:13,22 61:1,5 61:11 142:23 143:17 <b>certified</b> 5:3 58:21 <b>certify</b> 160:3,10 162:6 <b>challenge</b> 91:20 <b>Chan</b> 29:14 39:21 <b>chance</b> 5:12 138:18 138:21 <b>changed</b> 140:7 <b>changes</b> 34:23 160:6 161:4 <b>character</b> 3:8 <b>charge</b> 48:10 <b>check</b> 62:1 <b>child</b> 154:3 <b>children</b> 154:4 156:4 <b>chimney</b> 82:10,12 <b>choosing</b> 142:16 <b>chosen</b> 33:17 159:3 <b>chronic</b> 107:6,8 111:12 119:6 127:9 <b>cigarette</b> 120:2 <b>Cincinnati</b> 2:14 <b>circulation</b> 100:23 101:6 <b>circumflex</b> 101:12 <b>circumstance</b> 21:6
---	--	--	--	--

<b>circumstances</b> 34:13 53:12 71:15 72:8,12 83:22 84:2,11,22 95:8 124:4	<b>commonly</b> 14:20 99:17	<b>connection</b> 5:20 36:11 50:16 51:3 54:2 108:13	<b>conversations</b> 36:14 <b>convoluted</b> 137:22 138:8	118:16 119:13,18 119:19 123:5 124:7,11 125:24 126:10 127:4,22 128:5 131:23 137:6,19 143:17 143:19,20 147:17 149:6,7,10,24 150:3,7 152:18 153:1 160:7 162:12
<b>citation</b> 29:7	<b>communicate</b> 144:19	<b>consider</b> 64:13 76:19 80:2 83:21 84:10,19 88:17	<b>Cooperstone</b> 1:21 159:9	<b>correction</b> 27:7,15 28:4,17 74:7 159:6 160:5 161:7 <b>correction/change</b> 159:5
<b>citations</b> 123:24	<b>communicating</b> 156:15	<b>consistent</b> 7:1 87:6 87:10,12 88:1,2,7 88:15,24 89:6,9 111:18 113:9	<b>copied</b> 43:18 44:5 <b>copy</b> 16:9 44:24 54:17 92:11 93:19 93:22 95:11,18,24 96:6,13	<b>correct</b> 5:14,17 6:7 6:8,10,11 8:19 9:11,15,17,22 10:6 13:12,19 15:10 24:23 26:4 28:9 29:17,18 30:24 31:8 35:19 36:6,8,12,13 39:10,12 41:7,8 41:13 43:16 44:21 45:13 49:23 52:17 53:4,5 56:15 58:6 58:12 59:17 63:14 67:7,15 69:10 72:1 73:1,4,13,17 73:20 75:3,4 79:12,23 80:13,19 80:21,23 81:2 83:9,23 84:5,12 84:20,24 85:24 86:16,22 87:2,19 88:7 89:10 92:3,5 92:19 93:16 95:3 96:1 97:7,8 100:19,20,22 101:1,20 106:13 106:16 109:14 110:2,16,19,23 112:7 113:12,13 116:23 118:10,13
<b>cite</b> 29:6 122:22	<b>communication</b> 10:20 43:21 44:6	<b>constellation</b> 88:14 <b>consultation</b> 49:16 50:20 52:19	<b>coroner</b> 7:19 11:4 15:14 20:8 21:21 49:8 52:3 53:15 64:21 65:11 67:12 69:19 80:2 83:21 84:14 88:16	<b>coroner's</b> 6:17 15:17 17:11 19:2 39:13 46:22,24 48:6,7,13,18 49:5 53:17 61:14 65:8 65:21 70:3 71:12 71:17 73:11 77:23 78:21 94:20 95:10
<b>city</b> 129:4	<b>communications</b> 8:18 44:12	<b>consumed</b> 118:4,7 <b>contact</b> 7:19 21:4 74:16,19	<b>coroner's</b> 6:17 15:17 17:11 19:2 39:13 46:22,24 48:6,7,13,18 49:5 53:17 61:14 65:8 65:21 70:3 71:12 71:17 73:11 77:23 78:21 94:20 95:10	<b>coroner's</b> 6:17 15:17 17:11 19:2 39:13 46:22,24 48:6,7,13,18 49:5 53:17 61:14 65:8 65:21 70:3 71:12 71:17 73:11 77:23 78:21 94:20 95:10
<b>civil</b> 1:15 3:6 8:23 8:24 10:18 11:9 159:8	<b>community</b> 6:23 9:20 81:13	<b>contacted</b> 19:2 69:20	<b>coroner's</b> 6:17 15:17 17:11 19:2 39:13 46:22,24 48:6,7,13,18 49:5 53:17 61:14 65:8 65:21 70:3 71:12 71:17 73:11 77:23 78:21 94:20 95:10	<b>coroner's</b> 6:17 15:17 17:11 19:2 39:13 46:22,24 48:6,7,13,18 49:5 53:17 61:14 65:8 65:21 70:3 71:12 71:17 73:11 77:23 78:21 94:20 95:10
<b>claim</b> 27:24	<b>company</b> 89:24	<b>contacting</b> 6:13 20:5,18 21:20	<b>coroner's</b> 6:17 15:17 17:11 19:2 39:13 46:22,24 48:6,7,13,18 49:5 53:17 61:14 65:8 65:21 70:3 71:12 71:17 73:11 77:23 78:21 94:20 95:10	<b>coroner's</b> 6:17 15:17 17:11 19:2 39:13 46:22,24 48:6,7,13,18 49:5 53:17 61:14 65:8 65:21 70:3 71:12 71:17 73:11 77:23 78:21 94:20 95:10
<b>clarification</b> 11:14 71:8	<b>compensation</b> 60:14	<b>contained</b> 41:1 56:9 77:24 143:10	<b>coroner's</b> 6:17 15:17 17:11 19:2 39:13 46:22,24 48:6,7,13,18 49:5 53:17 61:14 65:8 65:21 70:3 71:12 71:17 73:11 77:23 78:21 94:20 95:10	<b>coroner's</b> 6:17 15:17 17:11 19:2 39:13 46:22,24 48:6,7,13,18 49:5 53:17 61:14 65:8 65:21 70:3 71:12 71:17 73:11 77:23 78:21 94:20 95:10
<b>classification</b> 105:13	<b>competency</b> 61:5	<b>content</b> 26:14	<b>coroner's</b> 6:17 15:17 17:11 19:2 39:13 46:22,24 48:6,7,13,18 49:5 53:17 61:14 65:8 65:21 70:3 71:12 71:17 73:11 77:23 78:21 94:20 95:10	<b>coroner's</b> 6:17 15:17 17:11 19:2 39:13 46:22,24 48:6,7,13,18 49:5 53:17 61:14 65:8 65:21 70:3 71:12 71:17 73:11 77:23 78:21 94:20 95:10
<b>clear</b> 12:6 22:24 34:12 57:18 147:22	<b>competent</b> 64:7	<b>contents</b> 10:11 80:19	<b>coroner's</b> 6:17 15:17 17:11 19:2 39:13 46:22,24 48:6,7,13,18 49:5 53:17 61:14 65:8 65:21 70:3 71:12 71:17 73:11 77:23 78:21 94:20 95:10	<b>coroner's</b> 6:17 15:17 17:11 19:2 39:13 46:22,24 48:6,7,13,18 49:5 53:17 61:14 65:8 65:21 70:3 71:12 71:17 73:11 77:23 78:21 94:20 95:10
<b>clearly</b> 130:6	<b>complaint</b> 45:6	<b>context</b> 11:8,11 12:7 75:8 80:10	<b>coroner's</b> 6:17 15:17 17:11 19:2 39:13 46:22,24 48:6,7,13,18 49:5 53:17 61:14 65:8 65:21 70:3 71:12 71:17 73:11 77:23 78:21 94:20 95:10	<b>coroner's</b> 6:17 15:17 17:11 19:2 39:13 46:22,24 48:6,7,13,18 49:5 53:17 61:14 65:8 65:21 70:3 71:12 71:17 73:11 77:23 78:21 94:20 95:10
<b>Cleveland</b> 2:4 129:4	<b>complete</b> 78:7,20 157:18	<b>continue</b> 71:18 157:11	<b>coroner's</b> 6:17 15:17 17:11 19:2 39:13 46:22,24 48:6,7,13,18 49:5 53:17 61:14 65:8 65:21 70:3 71:12 71:17 73:11 77:23 78:21 94:20 95:10	<b>coroner's</b> 6:17 15:17 17:11 19:2 39:13 46:22,24 48:6,7,13,18 49:5 53:17 61:14 65:8 65:21 70:3 71:12 71:17 73:11 77:23 78:21 94:20 95:10
<b>client</b> 45:16	<b>completed</b> 26:3 47:24 149:20 153:20	<b>contract</b> 89:18	<b>coroner's</b> 6:17 15:17 17:11 19:2 39:13 46:22,24 48:6,7,13,18 49:5 53:17 61:14 65:8 65:21 70:3 71:12 71:17 73:11 77:23 78:21 94:20 95:10	<b>coroner's</b> 6:17 15:17 17:11 19:2 39:13 46:22,24 48:6,7,13,18 49:5 53:17 61:14 65:8 65:21 70:3 71:12 71:17 73:11 77:23 78:21 94:20 95:10
<b>client's</b> 7:20	<b>completing</b> 24:21	<b>contractor</b> 52:16	<b>coroner's</b> 6:17 15:17 17:11 19:2 39:13 46:22,24 48:6,7,13,18 49:5 53:17 61:14 65:8 65:21 70:3 71:12 71:17 73:11 77:23 78:21 94:20 95:10	<b>coroner's</b> 6:17 15:17 17:11 19:2 39:13 46:22,24 48:6,7,13,18 49:5 53:17 61:14 65:8 65:21 70:3 71:12 71:17 73:11 77:23 78:21 94:20 95:10
<b>climbs</b> 124:5	<b>component</b> 102:21 118:20	<b>contribute</b> 81:1 118:17 128:10,16 129:16	<b>coroner's</b> 6:17 15:17 17:11 19:2 39:13 46:22,24 48:6,7,13,18 49:5 53:17 61:14 65:8 65:21 70:3 71:12 71:17 73:11 77:23 78:21 94:20 95:10	<b>coroner's</b> 6:17 15:17 17:11 19:2 39:13 46:22,24 48:6,7,13,18 49:5 53:17 61:14 65:8 65:21 70:3 71:12 71:17 73:11 77:23 78:21 94:20 95:10
<b>clinical</b> 60:23	<b>compromised</b> 102:18,23	<b>contributed</b> 107:13 108:15 109:1,13 124:15 125:15 128:5,14 130:12 131:7,11,22 135:23,24 136:1 136:11,13 137:5 137:19 139:7,22 147:17	<b>coroner's</b> 6:17 15:17 17:11 19:2 39:13 46:22,24 48:6,7,13,18 49:5 53:17 61:14 65:8 65:21 70:3 71:12 71:17 73:11 77:23 78:21 94:20 95:10	<b>coroner's</b> 6:17 15:17 17:11 19:2 39:13 46:22,24 48:6,7,13,18 49:5 53:17 61:14 65:8 65:21 70:3 71:12 71:17 73:11 77:23 78:21 94:20 95:10
<b>close</b> 104:6 153:21 159:6	<b>computer</b> 56:24 57:6,10 162:11	<b>contributor</b> 126:20 144:10 156:15	<b>coroner's</b> 6:17 15:17 17:11 19:2 39:13 46:22,24 48:6,7,13,18 49:5 53:17 61:14 65:8 65:21 70:3 71:12 71:17 73:11 77:23 78:21 94:20 95:10	<b>coroner's</b> 6:17 15:17 17:11 19:2 39:13 46:22,24 48:6,7,13,18 49:5 53:17 61:14 65:8 65:21 70:3 71:12 71:17 73:11 77:23 78:21 94:20 95:10
<b>clumsy</b> 111:15	<b>concept</b> 97:17	<b>convention</b> 145:20	<b>coroner's</b> 6:17 15:17 17:11 19:2 39:13 46:22,24 48:6,7,13,18 49:5 53:17 61:14 65:8 65:21 70:3 71:12 71:17 73:11 77:23 78:21 94:20 95:10	<b>coroner's</b> 6:17 15:17 17:11 19:2 39:13 46:22,24 48:6,7,13,18 49:5 53:17 61:14 65:8 65:21 70:3 71:12 71:17 73:11 77:23 78:21 94:20 95:10
<b>Clymer</b> 66:23	<b>concerning</b> 111:21	<b>conversation</b> 132:15 156:9	<b>coroner's</b> 6:17 15:17 17:11 19:2 39:13 46:22,24 48:6,7,13,18 49:5 53:17 61:14 65:8 65:21 70:3 71:12 71:17 73:11 77:23 78:21 94:20 95:10	<b>coroner's</b> 6:17 15:17 17:11 19:2 39:13 46:22,24 48:6,7,13,18 49:5 53:17 61:14 65:8 65:21 70:3 71:12 71:17 73:11 77:23 78:21 94:20 95:10
<b>CME</b> 62:7	<b>conclude</b> 149:9 155:12		<b>coroner's</b> 6:17 15:17 17:11 19:2 39:13 46:22,24 48:6,7,13,18 49:5 53:17 61:14 65:8 65:21 70:3 71:12 71:17 73:11 77:23 78:21 94:20 95:10	<b>coroner's</b> 6:17 15:17 17:11 19:2 39:13 46:22,24 48:6,7,13,18 49:5 53:17 61:14 65:8 65:21 70:3 71:12 71:17 73:11 77:23 78:21 94:20 95:10
<b>co-dominant</b> 101:13	<b>concluded</b> 57:24 75:9 149:1 158:7		<b>coroner's</b> 6:17 15:17 17:11 19:2 39:13 46:22,24 48:6,7,13,18 49:5 53:17 61:14 65:8 65:21 70:3 71:12 71:17 73:11 77:23 78:21 94:20 95:10	<b>coroner's</b> 6:17 15:17 17:11 19:2 39:13 46:22,24 48:6,7,13,18 49:5 53:17 61:14 65:8 65:21 70:3 71:12 71:17 73:11 77:23 78:21 94:20 95:10
<b>coached</b> 135:1 137:8	<b>conclusion</b> 22:13 33:12 64:16 136:19 139:5,11 141:14,18 142:8		<b>coroner's</b> 6:17 15:17 17:11 19:2 39:13 46:22,24 48:6,7,13,18 49:5 53:17 61:14 65:8 65:21 70:3 71:12 71:17 73:11 77:23 78:21 94:20 95:10	<b>coroner's</b> 6:17 15:17 17:11 19:2 39:13 46:22,24 48:6,7,13,18 49:5 53:17 61:14 65:8 65:21 70:3 71:12 71:17 73:11 77:23 78:21 94:20 95:10
<b>coaching</b> 132:20	<b>conclusions</b> 31:5 37:6 91:2 147:11		<b>coroner's</b> 6:17 15:17 17:11 19:2 39:13 46:22,24 48:6,7,13,18 49:5 53:17 61:14 65:8 65:21 70:3 71:12 71:17 73:11 77:23 78:21 94:20 95:10	<b>coroner's</b> 6:17 15:17 17:11 19:2 39:13 46:22,24 48:6,7,13,18 49:5 53:17 61:14 65:8 65:21 70:3 71:12 71:17 73:11 77:23 78:21 94:20 95:10
<b>comatose</b> 123:13	<b>condition</b> 82:22 86:10,21 97:18,19 106:18,19,20,24 107:2,8 111:11,13		<b>coroner's</b> 6:17 15:17 17:11 19:2 39:13 46:22,24 48:6,7,13,18 49:5 53:17 61:14 65:8 65:21 70:3 71:12 71:17 73:11 77:23 78:21 94:20 95:10	<b>coroner's</b> 6:17 15:17 17:11 19:2 39:13 46:22,24 48:6,7,13,18 49:5 53:17 61:14 65:8 65:21 70:3 71:12 71:17 73:11 77:23 78:21 94:20 95:10
<b>combination</b> 130:4	<b>conduct</b> 108:13 147:6 148:1		<b>coroner's</b> 6:17 15:17 17:11 19:2 39:13 46:22,24 48:6,7,13,18 49:5 53:17 61:14 65:8 65:21 70:3 71:12 71:17 73:11 77:23 78:21 94:20 95:10	<b>coroner's</b> 6:17 15:17 17:11 19:2 39:13 46:22,24 48:6,7,13,18 49:5 53:17 61:14 65:8 65:21 70:3 71:12 71:17 73:11 77:23 78:21 94:20 95:10
<b>come</b> 6:24 16:2 18:11 37:5 61:18 70:1,2 84:14 101:9 111:5 128:7 156:1,4	<b>conduction</b> 103:3		<b>coroner's</b> 6:17 15:17 17:11 19:2 39:13 46:22,24 48:6,7,13,18 49:5 53:17 61:14 65:8 65:21 70:3 71:12 71:17 73:11 77:23 78:21 94:20 95:10	<b>coroner's</b> 6:17 15:17 17:11 19:2 39:13 46:22,24 48:6,7,13,18 49:5 53:17 61:14 65:8 65:21 70:3 71:12 71:17 73:11 77:23 78:21 94:20 95:10
<b>comes</b> 9:20 101:10 101:11 149:18	<b>conference</b> 18:7 19:4		<b>coroner's</b> 6:17 15:17 17:11 19:2 39:13 46:22,24 48:6,7,13,18 49:5 53:17 61:14 65:8 65:21 70:3 71:12 71:17 73:11 77:23 78:21 94:20 95:10	<b>coroner's</b> 6:17 15:17 17:11 19:2 39:13 46:22,24 48:6,7,13,18 49:5 53:17 61:14 65:8 65:21 70:3 71:12 71:17 73:11 77:23 78:21 94:20 95:10
<b>comfortable</b> 75:23	<b>conflict</b> 52:3		<b>coroner's</b> 6:17 15:17 17:11 19:2 39:13 46:22,24 48:6,7,13,18 49:5 53:17 61:14 65:8 65:21 70:3 71:12 71:17 73:11 77:23 78:21 94:20 95:10	<b>coroner's</b> 6:17 15:17 17:11 19:2 39:13 46:22,24 48:6,7,13,18 49:5 53:17 61:14 65:8 65:21 70:3 71:12 71:17 73:11 77:23 78:21 94:20 95:10
<b>coming</b> 18:14 31:5 87:9,24 91:1 136:8	<b>confuse</b> 28:12 117:16,22		<b>coroner's</b> 6:17 15:17 17:11 19:2 39:13 46:22,24 48:6,7,13,18 49:5 53:17 61:14 65:8 65:21 70:3 71:12 71:17 73:11 77:23 78:21 94:20 95:10	<b>coroner's</b> 6:17 15:17 17:11 19:2 39:13 46:22,24 48:6,7,13,18 49:5 53:17 61:14 65:8 65:21 70:3 71:12 71:17 73:11 77:23 78:21 94:20 95:10
<b>commanded</b> 42:8 44:11 46:4,7	<b>confusion</b> 33:10		<b>coroner's</b> 6:17 15:17 17:11 19:2 39:13 46:22,24 48:6,7,13,18 49:5 53:17 61:14 65:8 65:21 70:3 71:12 71:17 73:11 77:23 78:21 94:20 95:10	<b>coroner's</b> 6:17 15:17 17:11 19:2 39:13 46:22,24 48:6,7,13,18 49:5 53:17 61:14 65:8 65:21 70:3 71:12 71:17 73:11 77:23 78:21 94:20 95:10
<b>commentary</b> 94:9 96:18	<b>congested</b> 110:20 110:22 111:3,4		<b>coroner's</b> 6:17 15:17 17:11 19:2 39:13 46:22,24 48:6,7,13,18 49:5 53:17 61:14 65:8 65:21 70:3 71:12 71:17 73:11 77:23 78:21 94:20 95:10	<b>coroner's</b> 6:17 15:17 17:11 19:2 39:13 46:22,24 48:6,7,13,18 49:5 53:17 61:14 65:8 65:21 70:3 71:12 71:17 73:11 77:23 78:21 94:20 95:10
<b>Commission</b> 160:18 162:22	<b>congestion</b> 110:20 112:5 113:5,11		<b>coroner's</b> 6:17 15:17 17:11 19:2 39:13 46:22,24 48:6,7,13,18 49:5 53:17 61:14 65:8 65:21 70:3 71:12 71:17 73:11 77:23 78:21 94:20 95:10	<b>coroner's</b> 6:17 15:17 17:11 19:2 39:13 46:22,24 48:6,7,13,18 49:5 53:17 61:14 65:8 65:21 70:3 71:12 71:17 73:11 77:23 78:21 94:20 95:10
<b>commissioned</b> 162:6	<b>congestive</b> 109:22		<b>coroner's</b> 6:17 15:17 17:11 19:2 39:13 46:22,24 48:6,7,13,18 49:5 53:17 61:14 65:8 65:21 70:3 71:12 71:17 73:11 77:23 78:21 94:20 95:10	<b>coroner's</b> 6:17 15:17 17:11 19:2 39:13 46:22,2



144:23 <b>crime</b> 65:15 <b>criminal</b> 10:18 <b>critical</b> 138:17 157:5 <b>cross</b> 16:18 104:5 <b>CROSS-EXAMI...</b> 5:4 <b>crystal</b> 12:6 115:15 <b>cuffed</b> 84:3 <b>current</b> 58:20 64:9 105:12 <b>currently</b> 58:17 71:20,21 <b>custody</b> 70:23 71:4 71:6 81:9 <b>cut</b> 133:20 134:1,3 <b>cut-off</b> 105:7 <b>CV</b> 54:17	93:3,4,6,8,11 95:3 95:8,12,18,21 99:18,18 100:1 105:17,18 107:3 107:14 109:2 111:18,22,24 112:1,7,9,23 113:9,17 117:7 120:12 123:18 124:15,21 125:16 125:19,24 126:8 126:14,21 127:4 127:16 128:5,10 128:14 129:9,17 131:22 135:23 136:2,14 139:17 141:17,21 143:1,4 143:23 144:1,3,4 145:15,21 146:5,5 146:7,12,13 147:17,24 149:5,6 149:11,14,21 150:12 <b>deaths</b> 28:11 29:5 40:11 56:24 57:3 57:23 58:8 70:19 70:23 71:6,7 113:7 128:17 <b>deceased</b> 1:5 11:6 20:10 21:20 69:19 <b>decendent</b> 16:2 20:12 67:10,17 117:6 <b>decendent's</b> 16:24 19:6 74:20 95:12 117:11 <b>December</b> 1:16 3:1 159:1 160:5 162:18 <b>decide</b> 107:11 <b>decides</b> 108:15 <b>deemed</b> 13:18 <b>defendant</b> 11:10 53:22 <b>defendants</b> 1:9 2:10 2:14 50:11 <b>defense</b> 19:11 21:11 21:14 29:19 30:3 154:21 <b>define</b> 81:6,16,19 140:23 141:4 <b>definition</b> 121:8 141:7 142:6,10 148:3 <b>degree</b> 31:6,21 32:5 33:13 109:13 114:4,10,13 115:5 115:18 116:20 117:14 118:3,6 119:20 129:13,15 130:12 136:11,19 137:3,15 139:6,11	140:6,21 141:15 141:18 142:9 <b>delay</b> 134:11 140:14 <b>delirium</b> 30:15,18 30:21 31:7,11,23 32:7,15,18,22 33:8,14,16 34:4 34:14 35:4,7 36:5 36:10,16 37:24 38:16 <b>demise</b> 93:13 95:3 <b>demonstrating</b> 88:17 <b>denying</b> 154:2 <b>department</b> 8:23 73:10 143:16 <b>depends</b> 86:9 <b>depose</b> 156:5 <b>deposed</b> 5:15 9:19 51:3,9 <b>deposes</b> 5:3 <b>deposition</b> 1:14 3:5 3:7 5:13,20 8:15 9:13,22 11:17 13:19,23 15:6 23:22 24:9 26:3 26:11 28:19 29:3 36:22 38:12 39:17 41:2,3,6,19 42:22 43:12 44:17 55:14 56:1 57:8 68:5 122:8 148:24 153:10,17,18,19 153:20 154:3,23 155:13,14 156:23 157:1,4,7,18 158:7 160:4,11,14 161:2 <b>depositions</b> 153:21 154:1,15 <b>depression</b> 112:4 <b>depriving</b> 154:19 <b>deputy</b> 48:8 49:7 <b>descending</b> 100:18 101:8,23 102:3,5 102:17,21,22 104:24 <b>describe</b> 101:3 <b>described</b> 18:9 24:20 25:19 49:8 <b>describing</b> 68:14 <b>desirable</b> 60:13,17 <b>desire</b> 159:4 <b>desired</b> 159:5 <b>destroyed</b> 25:16 27:12 <b>detail</b> 27:6 71:15 126:24 <b>detailing</b> 16:2 <b>details</b> 70:5 123:19 <b>detained</b> 81:13	<b>detainee</b> 28:9 <b>detainees</b> 27:24 74:11,14 <b>detect</b> 152:8 <b>detectable</b> 151:21 151:24 152:1,2,11 <b>detective</b> 66:24 93:15,17,19 94:5 94:8,22 95:17,23 96:13,14 <b>detectives</b> 66:7,19 <b>determine</b> 103:23 <b>Di</b> 29:10,17 30:6,14 30:17 33:20 37:20 38:14 39:19 <b>diagnosed</b> 124:9 <b>diagnoses</b> 35:18,20 35:23 <b>diagnosis</b> 30:21,23 31:3 34:5,14,22 35:4,8 75:17 79:17,20 80:3 83:8,18,23 84:15 98:9 <b>diagnostic</b> 35:13 83:10 <b>diaphragm</b> 80:20 <b>DiCello</b> 2:2 4:4 5:5 5:11 7:7,15 8:3,16 9:3,7,18 10:4,14 10:23 11:15,20 12:10,16 13:1,15 13:24 14:10,12,23 15:4 18:24 19:15 19:21 20:7,21 21:12 22:3,17 28:23 29:24 30:13 31:19 32:13 35:14 36:9,20 38:5,11 40:20,22 41:14,22 42:15,24 43:7,10 43:19,23 44:14 45:4,7,14,18,23 46:5,7,13,14,19 47:2 48:24 50:4 52:5,12 54:9 55:11,22 56:6 57:17 62:19 63:11 64:20 65:7,13 66:21 67:21 68:2 72:5,17 76:9 77:6 78:10,11,16 85:11 87:23 89:3 90:10 91:16 92:2,6 95:16 96:4,11,22 98:5,14,19,20 99:19 100:4,8,13 102:14 103:6,13 103:22 107:18 108:2,11,21 109:9 111:2 112:18	113:3 114:2 115:2 115:13,23 116:3,8 116:15 117:3 120:5 122:5 125:8 125:12,20 126:5 127:7,14 129:6 132:5,10 133:2,8 133:13,15 134:4 134:13,18 135:2,8 135:11,15,21 136:9,18 137:10 137:14,24 138:6 138:15,21 139:2 139:19 140:12,16 141:8,13 142:21 144:11 145:8,18 146:14 147:15 148:12 149:4 150:1,10 151:7 153:3,6,15,22 154:11 155:1 156:1,9,21 157:3 157:13,16,21 158:1 159:15 <b>die</b> 31:10 79:6 80:6 81:14 85:10 97:22 98:10,16 99:12 123:15 129:7 142:6 <b>died</b> 31:22 32:6 33:13 36:16 56:22 91:5 92:15 93:10 98:9 99:2 107:22 113:20 114:1,5,7 114:15,19 115:6 116:22 124:6,10 124:20 143:7 144:19 150:5 151:2 152:9 <b>dies</b> 84:2 <b>difference</b> 76:6 85:3 97:18 102:10 <b>different</b> 37:12 61:5 79:19 98:19 110:6 <b>differentiate</b> 76:2 <b>difficult</b> 46:2 153:9 <b>diffuse</b> 113:11 152:9 <b>digital</b> 16:6 <b>dilated</b> 16:24 <b>Dinkler</b> 1:16 2:7,7 7:2,12,21,24 8:9 8:11,21 9:1,6,16 9:23 10:9,17 11:7 11:14,20 12:4,13 12:15,18,22 13:13 13:20 14:17 18:22 19:9,19 20:2,15 21:8,22 22:12 28:20 29:21 30:7 31:16 32:8 35:9
---	--	--	--	--

36:7,17 38:4,8 40:19 41:4,12,16 41:17,23 42:5,18 43:6,9,17,21 44:4 45:9,17,20 46:1,6 46:11,23 48:21 50:1 52:4,8 54:6 55:20 56:3 57:16 62:16 63:8,10 64:15 65:5,10 66:17 67:19 68:1 72:2,13 76:5 78:8 78:14 85:6 87:20 89:1 90:6 91:13 91:24 92:4 95:13 96:2,8,16 98:1,12 98:17 99:15 100:3 100:11 102:12 103:1,9,19 104:10 107:15 108:1,8,18 108:20 109:6 111:1 112:15 113:1,22 114:17 115:9,11,19 116:1 116:5,13,24 120:3 122:2 125:10,18 126:1 127:5,11 129:2 131:24 132:2,9,22 133:3 133:9,14 134:1,8 134:16,20 135:7,9 135:18 136:4,15 137:7,12,20 138:3 138:8,11,20,23 139:15 140:8 141:5,12 142:18 142:20 144:2 145:6,13 146:1 147:13 148:6,20 149:23 150:8 151:3 153:18,23 154:13,18 155:18 156:3,17,24 157:8 157:15,19,23 <b>Dinkler's</b> 10:15 18:19 21:5 44:16 <b>direct</b> 51:18 <b>directing</b> 51:18 <b>director</b> 48:9 65:15 <b>disagree</b> 121:12 <b>disappear</b> 17:22 <b>disbelief</b> 148:16 <b>disciplines</b> 152:16 <b>discourage</b> 19:12 <b>discovery</b> 46:24 <b>discussed</b> 155:8 <b>Discussion</b> 153:5 <b>disease</b> 63:17 85:12 93:11 98:4 99:5 99:10,13,14,18 100:1,6,18 105:8	106:15,23 107:7 140:3 146:13 149:13 150:12 <b>distal</b> 102:5,8,20,23 103:18 <b>distributed</b> 70:24 <b>distribution</b> 100:24 <b>DISTRICT</b> 1:1,1 <b>DIVISION</b> 1:2 <b>DNA</b> 78:23 <b>doctor</b> 5:9 6:6 10:16 11:2 14:13 22:18 23:22 24:8,19 29:7 30:20 31:14 37:13 40:23 44:15 46:3,8 47:3,9 55:8 56:16 58:14 61:14 62:10 68:9,9 69:12 77:4,9,22 78:19 79:5 81:8 92:7 93:4 94:15 97:9 100:14 102:11 107:10 109:17 111:16 113:18 115:24 116:16 119:11 120:9 121:15 125:3,13 127:8 128:9 138:17 140:17 142:17 143:13 144:17 150:17 153:9 156:21 158:1 <b>doctor's</b> 155:3 157:8,18 <b>doctors</b> 30:20 37:12 <b>document</b> 37:2 68:20 70:5 77:19 91:2 102:4 143:21 144:20 <b>documentation</b> 26:5 27:14 68:4 69:3,4 77:22 90:4 91:12 92:7 <b>documented</b> 91:4,6 123:22 124:3 129:20 <b>documenting</b> 16:21 <b>documents</b> 13:17 15:16 23:23 27:9 29:2 41:5 42:1 43:11,13 44:4,19 45:9,11 49:2 56:9 69:16,17 78:22 90:14 <b>doing</b> 37:13 53:9,13 133:24 134:16,19 140:11 144:17 155:20 156:14 <b>dominant</b> 100:21 101:4,6,6,11,12	<b>door</b> 76:22 <b>dope</b> 136:24 <b>doubt</b> 107:21 125:6 <b>Douglas</b> 5:10 <b>dozens</b> 57:1,2,3,23 58:7 70:18 <b>Dr</b> 5:11 6:22 10:18 12:6 19:3,3 29:17 30:6,14,17 64:24 65:3 96:6 121:16 148:21 155:14 159:2 <b>Drive</b> 1:21 159:9 <b>drownings</b> 128:19 <b>drug</b> 85:4 117:24 119:2 121:3,10 124:18 131:8,11 139:16 142:22 143:5,6 144:1,3,7 144:12,21,22 146:17 150:15 151:2 152:19,21 <b>drugs</b> 124:20 126:10,14 <b>drunk</b> 82:8 117:17 <b>DSM</b> 35:15 36:2 <b>Dublin</b> 1:22 159:9 162:17 <b>due</b> 82:2 111:11 112:9 138:4 143:7 146:24 150:15 <b>duly</b> 5:2 162:6,7 <b>Dwight</b> 49:21,22 52:6 <b>dying</b> 82:24 86:8 87:6,10 96:6 97:18,19 98:23,24 128:18	65:11 <b>Ellis</b> 2:16 <b>emergency</b> 25:3 <b>employed</b> 48:13 72:11,20 89:24 <b>employee</b> 8:22 10:17 64:19 70:2 73:13 <b>employer</b> 11:9 12:24 13:8 <b>employment</b> 49:6 49:10 54:11 61:22 <b>encounter</b> 113:19 114:14 <b>encountered</b> 11:3 20:11 66:18 67:23 <b>encountering</b> 115:7 <b>encouraged</b> 134:23 <b>enforcement</b> 81:14 83:1 <b>engine</b> 40:5 <b>enlarged</b> 98:4 99:7 105:19,20,23 <b>entered</b> 132:15 161:5 <b>entire</b> 94:3 161:2 <b>entitled</b> 30:15 <b>ER</b> 24:15,15 <b>errata</b> 159:4,9 <b>ESQUIRE</b> 2:2,6,7 2:11,12 <b>estate</b> 1:5 5:24 <b>estimate</b> 104:6 127:23 <b>Estimating</b> 104:12 <b>et</b> 1:9 <b>etiologies</b> 79:19 <b>etiology</b> 99:5 113:16 <b>evaluate</b> 30:5 104:9 <b>evaluated</b> 88:9 <b>evaluating</b> 104:3 <b>evaluation</b> 17:24 52:19 <b>evenly</b> 70:24 <b>event</b> 26:13 79:10 79:14 108:6 114:20 130:1,2,15 <b>everybody</b> 108:7 155:15 <b>everyday</b> 122:11 129:4 <b>everyone's</b> 156:22 <b>evidence</b> 7:3 30:8 68:1 92:20 95:7 95:20,21 127:22 128:2 129:19,20 130:22,24 131:3,6 131:10,19 135:22 136:13 139:10 150:16 <b>exact</b> 33:5,20 38:9	61:20 75:16 113:20 <b>exactly</b> 56:5 112:12 112:14 <b>examination</b> 4:1 16:15 17:4 24:21 59:3,16 104:21 <b>examinations</b> 60:5 <b>examined</b> 160:14 <b>Examiner's</b> 63:19 <b>Examiners</b> 58:19 64:1 <b>example</b> 6:21 63:19 72:6 96:19 <b>exceedingly</b> 100:10 <b>exceptions</b> 146:9 <b>exchange</b> 71:18 <b>exchanged</b> 45:11 <b>excited</b> 30:15,18,21 31:7,10,22 32:6 32:15,17,22 33:8 33:14,16 34:4,14 35:4,7 36:5,10,16 37:24 38:16 <b>exclude</b> 84:1,15,19 <b>excluded</b> 31:7 <b>Excluding</b> 36:14 <b>exclusion</b> 83:18 <b>exclusively</b> 88:1 <b>executed</b> 143:17 <b>exercise</b> 107:17,20 108:24 136:6 147:18 <b>exertion</b> 86:4 <b>exhaustion</b> 86:4 <b>exhibit</b> 4:6,7 14:11 14:14,16 15:1,3 15:11,12 27:2 41:6 55:7,9 56:9 56:14 57:7 77:2,5 77:8,24 78:7,19 143:11,12 <b>Exhibits</b> 44:10,20 <b>existed</b> 22:10 <b>exists</b> 22:10 <b>expect</b> 105:24 106:7 112:3 128:12 152:21 156:11 <b>expected</b> 155:21 <b>expecting</b> 154:15 <b>expense</b> 155:13,23 <b>experience</b> 6:20 54:19 98:11,15 151:1 <b>experienced</b> 11:6 <b>expert</b> 29:19 42:11 54:5 76:19 157:5 157:17 <b>expertise</b> 61:2 152:15 <b>expires</b> 160:18
--	--	--	--	---

162:22 <b>explain</b> 36:4 <b>explained</b> 19:6 85:2 <b>explaining</b> 139:5 146:5 <b>explanation</b> 115:21 <b>explore</b> 154:19 <b>extent</b> 104:9 <b>external</b> 80:18 <b>extremely</b> 113:6 <b>eyewitness</b> 28:9 74:10	<b>fees</b> 52:20 <b>Felicia</b> 2:15 <b>fellow</b> 6:21 <b>fellowship</b> 47:14,23 48:1,5,14 49:4 <b>field</b> 35:23 61:2,3 61:24 63:23 64:8 64:10 <b>fifth</b> 116:24 <b>figure</b> 57:13 <b>figured</b> 98:7 <b>file</b> 9:11,21 10:1,2,5 10:8 13:11,12,18 15:17,19,21 25:1 26:6 37:2 41:1,3 41:10,15 42:8,8 42:14 43:2,11 44:16 45:24 46:3 46:5,8,9,11,18,21 46:24 78:7,20 143:12 <b>filed</b> 6:1 21:17 97:6 <b>files</b> 16:7,9 27:15 <b>final</b> 79:8 <b>find</b> 34:17,19 42:16 78:18 96:10 128:2 134:22 <b>finding</b> 125:2,13 128:13 140:5 <b>findings</b> 109:16 111:17,21,23 112:9,22 <b>finds</b> 93:9 <b>fine</b> 12:1 134:16,21 138:13 <b>fingerprint</b> 15:21 <b>finish</b> 22:23,24 150:23 153:10 154:3 157:1,10 <b>finished</b> 31:17 <b>Fire</b> 72:22 <b>fireman</b> 72:16 <b>firm</b> 1:16 8:23 <b>first</b> 5:2 11:3 15:5 15:13 23:19 59:1 66:8 67:3 69:22 72:15 92:11 93:6 93:8 126:6 <b>Fisher</b> 38:19,21 <b>fit</b> 116:16 <b>five</b> 75:18,22 76:13 119:4 145:17 149:7 <b>fixable</b> 103:15 <b>flow</b> 102:17 <b>fluid</b> 110:19 <b>foam</b> 87:9,24 <b>focus</b> 90:2 106:18 <b>focusing</b> 138:12 <b>folder</b> 42:9,10 44:8 44:8,9 46:10,11	46:15,17 47:4,7 55:13 <b>folks</b> 39:20 56:22 65:23 66:9,15,22 71:24 89:22 <b>follow</b> 10:15 13:16 13:21 21:3 28:3 <b>following</b> 59:12 80:7 84:8 155:6 161:4 <b>follows</b> 5:3 <b>foot</b> 46:3 106:5 <b>footage</b> 95:11,18 <b>force</b> 80:18 <b>foregoing</b> 160:4,10 162:11,13 <b>forensic</b> 30:3 35:22 36:2 38:14,15,16 39:7 47:12,21 48:1,3,17 49:5,7 49:11 54:11,16 56:18 58:17 60:19 60:21 61:16 64:1 64:8 84:5 94:20 127:16 141:3 152:15 <b>forever</b> 104:22 <b>form</b> 7:2,12,21 8:11 8:21 9:6,16,23 10:9 11:7,21 13:13,20 14:17 19:9,19 20:2,15 21:8,22 22:12 29:21 30:7 32:8 35:9 36:17 41:12 42:5,18 52:8 55:20 56:3 57:16 62:16 64:15 65:5 65:10 66:17 67:19 72:2,13 76:5 78:3 85:6 87:20 91:13 91:24 92:4 95:13 96:2,8,16 98:1 99:15 100:11 102:12 103:19 104:10 107:15 108:1,18 109:6 111:1 113:1,22 120:3 122:2 125:18 126:1 127:11 129:2 131:24 133:17 139:15 144:2,15 144:18 145:2,3,6 145:13 146:1 147:13 148:6 150:8 151:3,5 160:6 <b>formally</b> 10:2 <b>format</b> 16:6 27:1,4 <b>former</b> 65:11 73:6,7	73:12 <b>forward</b> 158:2 <b>Foster</b> 2:15 <b>found</b> 58:7,9 95:9 98:24 101:17 106:16 109:22 111:16 118:9 120:7 124:20 <b>foundation</b> 11:21 32:9 52:9 62:17 103:20 133:5,18 <b>four</b> 77:7 115:20 143:13,14 151:1 <b>fourth</b> 116:1 <b>Franklin</b> 162:3 <b>frequently</b> 29:19 <b>friends</b> 66:9 <b>front</b> 13:23 23:14 23:15 77:3 143:11 <b>full</b> 106:2 156:15 <b>full-time</b> 48:12	<b>go</b> 7:4,13,24 8:12 12:9 20:13 21:24 28:21 30:9 32:10 35:10 36:18 40:24 41:20 42:16 45:20 45:22 48:3 54:7 57:12 60:22 62:6 69:12,13 70:3 72:14 73:22 77:11 77:21 82:14 85:8 87:8,21 90:7 91:14 95:14 98:21 104:3 108:20 109:7 113:23 114:18 115:24 116:4 121:19 125:2 132:3 145:14 147:21 151:4 153:3 156:21 <b>goal</b> 33:22 <b>goes</b> 46:8 81:3 113:16 152:7 <b>going</b> 9:21 10:10,15 13:16,17,21 14:24 16:10 20:12 23:8 26:18 27:1,3 42:1 42:10 57:18 70:12 72:23 77:2,3,15 78:18 82:10,12 98:6 100:14 110:14 119:10 122:3 124:2 125:8 133:12 138:3 146:18 148:8 153:20 154:1,23 155:24 156:3,7 <b>good</b> 5:6,7 20:22 95:7 96:20 <b>Google</b> 40:7 63:1 <b>government</b> 63:20 <b>grammatical</b> 145:3 <b>grams</b> 105:22 110:15,16 <b>grandparents</b> 74:21 74:23 156:13 <b>great</b> 134:19 <b>greater</b> 127:20,21 <b>gross</b> 104:13 111:17 <b>grossly</b> 105:5 <b>ground</b> 84:4 <b>grounds</b> 133:4 <b>group</b> 56:24 62:6 <b>groups</b> 35:23 <b>guess</b> 37:8 43:8,8 50:8 111:15 121:18 124:1 126:3 <b>guidance</b> 14:3,6 <b>guidelines</b> 63:18,22 64:2
<hr/> <b>F</b> <hr/>			<hr/> <b>G</b> <hr/>	
<b>F</b> 143:2 <b>faced</b> 76:4 <b>faces</b> 67:5 <b>fact</b> 78:22 152:19 <b>factor</b> 80:7 85:4,12 85:16,20,22 129:9 141:21 143:6 146:6,7 <b>factors</b> 80:1,5 85:1 88:13 <b>facts</b> 7:2 30:7 68:1 84:1,10 139:20 <b>fail</b> 60:7 139:22 <b>failing</b> 137:5 <b>Failure</b> 159:9 <b>fair</b> 23:9 95:23 103:16 126:16 133:3 135:3 140:9 <b>fairly</b> 96:20 <b>fall</b> 32:21 146:18,19 146:20 147:22 <b>familiar</b> 29:22 35:15 63:19,23 89:16 <b>families</b> 33:10 <b>family</b> 5:24 19:12 19:16 20:10 21:20 67:10 74:16,19 <b>Fannin</b> 15:13 26:22 73:3,5,15,19 74:1 74:5,13,19 <b>far</b> 1:16 2:8 13:4,21 20:5 24:22 88:8 119:7 146:24 <b>faster</b> 24:5 26:18 <b>fat</b> 152:5,7 <b>fatal</b> 79:6,11,15,22 100:6 107:22 108:16 109:14 <b>fate</b> 134:2 <b>fatigue</b> 85:22 86:3 <b>favor</b> 88:15 <b>feature</b> 83:11 99:7 <b>federal</b> 63:20 <b>feel</b> 33:18,19 61:6 71:19 <b>feelings</b> 53:20			<b>G</b> 1:4 <b>gain</b> 60:21 <b>Garrett</b> 2:16 <b>gasp</b> 89:4 <b>Gaspings</b> 87:5 <b>gather</b> 71:16 72:12 <b>gathered</b> 72:24 <b>gathering</b> 71:23 73:15 <b>geared</b> 62:5 <b>general</b> 58:19 60:18 63:16 146:11 <b>generally</b> 7:5 15:21 18:14 19:10 34:9 63:15 66:3 70:9 70:20 105:15 117:9 <b>generate</b> 25:11 <b>generated</b> 14:22 24:10 36:11 <b>generating</b> 24:22 33:22 <b>getting</b> 43:8 44:10 83:20 135:19 138:16 156:19 <b>give</b> 61:20 93:19 95:20,24 99:23 117:1 <b>given</b> 12:5 23:7 44:9 67:18 70:14 92:11 96:18 115:21 151:19 152:19 157:4 160:4 162:12 <b>giving</b> 14:2 121:2 159:5 <b>glad</b> 137:23 <b>glib</b> 114:9	

gunshot 128:19	107:1,2 108:7	humans 123:7	58:5,11 104:19	inmate 69:24
gurgling 87:5	109:5 111:11	hundred 75:13,14	136:2	instruct 7:19 10:10
guy 137:5	120:24 122:13	hundreds 123:14	incompatible	42:16
guys 83:3 87:22	137:5,19 139:13	Hutch 67:2,2,4	106:20	instructed 21:4 42:3
<b>H</b>	139:21 140:3,7,11	Hutch's 67:3	inconsistent 111:22	42:6
<b>H-O-L-L-A-R-A-N</b>	142:13 147:5	Hutchinson 67:2	incorporated 52:18	instructing 10:21
29:14	150:6	hydroxy 119:10,11	increase 85:10	instructions 11:24
habit 25:24 69:13	heavier 106:9	119:15	increased 85:5,23	instructs 10:24
69:18	heavy 110:18	hypertensive 93:10	increases 85:13,17	intention 153:10
habitus 119:9	height 105:22	99:4,9,13,14,17	increasingly 100:5	intentional 148:1,4
hairs 151:5	held 48:16 91:9,22	99:24 149:12	incur 155:24	148:10,10 155:10
half 33:4 44:2 49:17	153:5	hypertrophy 85:16	independent 25:21	intentionally
50:24 51:1 53:4	help 69:13 129:12	97:10,14,22,23	52:15 68:3,5	155:17
hallucinations	helping 131:5	98:10,11,23 99:3	INDEX 4:1,6	interaction 107:10
121:2	helps 22:20	99:7	Indiana 47:20	107:12 108:14
hand 14:24 77:2	hereinafter 5:2	<b>I</b>	indicate 60:8	116:21
135:6,12,13	hereto 160:6	ice 12:5	indicated 159:6	interest 22:14
162:16	heroin 129:4	idea 35:5 52:1 57:21	161:5	interested 30:2 91:1
handbook 35:24	hey 32:21 51:19	72:20 81:22 82:19	indicating 117:6	118:21 132:17
38:14 63:20	78:2 96:5 135:3,5	96:10 103:3	individual 35:13	interesting 132:6
handbooks 63:18	high 61:6 97:13	125:14 140:24	64:22 68:11	134:22
63:22	124:5 127:13,16	155:2,23 156:18	103:11 106:8	internal 16:14
handcuffs 82:4	127:17	identification 14:11	122:11 123:19	internet 37:17 40:2
handful 126:9	higher 80:12 86:7	15:3 55:9 77:5	individual's 86:10	56:8
handing 14:13 77:7	87:1	identified 41:6	individuals 6:2	interpret 144:18
hands 58:1 83:1	highly 125:16,22	42:11 72:21 127:3	80:22 82:4 136:17	interprets 144:9
84:3 148:2,10	129:14	128:7	infant 75:8	interrupt 146:2
happen 69:22 100:7	Hills 1:16 2:8	identify 14:16	infants 75:7	intervals 104:6
100:9	hired 65:3,8	122:18 131:9	influence 85:9	interview 74:3,10
happened 28:1	historical 129:20	identifying 93:4	117:6,12,19,23	74:13
74:11 83:6 91:12	history 49:10 57:12	ignored 84:23	130:3 139:16	interviewing 74:8
92:3 135:18	57:19 70:7 71:14	imagine 25:8	informally 10:2	intoxicated 117:15
151:14	hit 148:7	immediate 146:6	information 9:14,21	intoxication 117:4,5
happening 94:11	hog-tie 40:12	152:5	11:5 47:8 56:7	117:17,18,22
96:19	HOJNOSKI 2:12	impact 120:22	70:9 71:19,20,24	118:18,23 119:1
happens 69:18,21	hold 31:16 61:6	impaired 81:23	72:8,23 73:16	146:17
70:11 81:11 83:8	78:18	impairment 82:2	74:22 83:17 84:15	intoxications
happy 133:15	Hollaran 29:12,13	117:20,23	88:13 125:3	124:18
155:22	39:21	implying 121:21	ingest 119:22 121:5	introduction 5:18
hard 22:22 53:20	home 148:8	important 81:20	123:9 145:4	investigated 57:24
56:4,4	homicide 145:16	114:21 131:17	ingested 123:12	Investigation 38:20
Harry 1:4	146:20 147:20,23	138:17 155:9	136:21 137:5,17	investigations 48:11
Harshbarger 65:1,3	148:8,11	imposed 153:24	151:11	investigative 15:12
head 82:5	homicides 57:24	improper 133:23	ingesting 124:10,14	15:15 83:17
health 91:3,17	148:17	in-custody 69:14	124:22 129:16	investigator 26:21
143:16	honest 155:1	84:2	ingestion 123:7	70:4 71:17 72:24
healthcare 24:11	hooked 136:23	inappropriate	124:7 125:14,23	73:2,11
50:13	hoop 61:6	84:16	126:8 127:22	investigators 15:14
healthy 121:10	hope 71:7	inch 43:24 44:2,2	128:2	invite 67:13
heard 62:10 82:14	hopefully 47:4	incident 90:19,24	ingestions 122:20	invited 6:24 19:3
97:17	hospital 45:15	91:4,21 93:12	inhibited 86:14	inviting 18:11
hearing 132:19	69:24 70:1	include 36:5 69:5	initial 130:15	involve 51:12
heart 16:18 33:23	hosted 74:9	74:22 80:6 125:22	injected 151:20	involved 7:6 56:22
79:7,22 85:12	hot 135:19	128:13 142:24	injection 91:6,7,9	108:24 155:5
98:4 99:8 100:6	hours 151:9,11,12	included 14:20 16:7	91:22 96:19 152:4	involving 21:16
100:17,24 101:10	151:14	75:5,9,23 76:10	152:10,13	issue 50:16 51:12
101:15 105:9,15	HSA 91:15	76:14 99:24	injured 144:21	54:3,23 55:3
105:19,19,20	HSA's 91:11	124:13 126:7,13	injury 143:2,4	140:19 153:14
106:1,2,10,12,15	huh-uhs 22:22	142:22 144:20	144:4,6,12,14,22	issued 21:7 56:1
106:19,20,23	human 120:10	including 47:23	145:1 150:15,19	90:12 93:3,8,11
	122:19,23		150:21 151:1	issues 51:12,20



153:8 issuing 25:6 27:8 28:17 36:23 38:6 55:19 90:20 94:14 item 24:10 items 15:22 25:15 IV 35:15 36:2	knew 9:14 Knight 39:7 knocking 76:22 know 8:1 9:8 11:16 12:23 13:4 14:2 16:9 20:3,16 21:1 21:4 22:6,15,16 22:19 23:17,18 25:22 27:18 31:4 31:12,20 33:3 34:16,21 38:23 41:17 45:5 50:2,3 50:8,12,13,15 51:11 52:10 53:7 54:17 57:15 61:4 65:17 66:5 67:2,3 67:24 68:12 71:14 74:8,8 75:21 77:17 78:17 82:16 89:18,21 91:11 93:1,2,2,17 94:16 94:21 95:15 96:19 96:20,21 97:12,15 98:22 105:12 107:24 108:4 110:5 114:10,19 114:23 115:3 116:7,12,13,19 117:2,14,19 118:13,14 119:5 119:16 120:1,4 121:24 122:3,10 123:24 124:8,23 125:1,15 127:8,12 130:3,5,8 132:6 132:14,16 135:13 136:21 137:17,18 140:10 141:9 145:9,10 146:16 146:23 147:18 149:2,18 150:5 151:11 152:15 153:12 154:8,13 156:2,12 157:22	LAD 103:18 106:16 Lakeside 2:3 land 149:2 Lane 68:16 Lane's 68:17 language 116:17 large 16:18 larger 106:10 law 1:16 23:15 49:24 81:14 83:1 lawsuit 6:1 13:5 97:6 lawyer 8:10 11:4 12:12,21 13:3,7 134:14 lawyers 114:9 154:21 lay 42:11 149:2 laying 80:17 layman's 86:3 Layne 1:15,21 3:6 159:9,13 162:5,20 lead 56:18 73:11 86:16 lead-in 138:24 leading 107:3 leads 139:11 learn 64:11 learned 154:18 leave 93:22 95:17 154:24 157:24,24 leaving 132:23 lectures 54:15 left 16:24 97:9,13 97:22,23 98:3,9 98:10,23 99:2,6 100:18 101:6,12 101:22 102:3,5,16 102:21,22 104:23 110:5,13,14,16 legal 10:15 22:13 64:16 legitimate 30:21 34:22 35:4,7,23 82:21 83:7 lengthy 11:22 lesion 102:4,15,20 102:23 103:4,17 103:24 105:1,4 106:11,16 let's 49:14 90:2 106:18 121:19 143:9 155:3 lethal 103:4 120:16 120:19 121:21 122:18,20 123:6 128:23 letter 60:7,8 letting 21:3 level 61:2 97:13 117:19 120:6,10	122:18 123:13 152:3,11 levels 61:5 123:20 LIBER 2:3 library 37:16 license 47:13,14 licensed 47:11,16 life 106:21 life-threatening 123:21 likelihood 85:10 Likewise 155:21 limit 50:8 106:9 limiting 37:23 line 69:18 132:21 143:1,3 159:5 161:7 list 58:16 listed 39:21 149:12 listen 116:11 134:16 135:16 literature 29:4 36:21,23 37:3,5,8 37:10,12,14 39:24 40:24 41:9 42:3 42:17,23 43:14,15 43:24 44:5,10,23 55:12,17,24 61:15 64:9 78:6 83:2 103:17 106:2 120:9 122:17,22 123:18,22 litigation 8:24 11:9 77:12 little 47:9 100:14 107:16 120:1 live 114:9 local 49:16,18 54:16 located 57:10 location 103:24 log 15:22 logged 15:23 logic 33:5 147:4 logical 33:6 long 18:4 30:17 47:21 50:22 66:23 93:2 94:1 119:7 153:11,12 long-worded 84:7 longer 15:13 25:7 53:13 58:20 68:18 look 18:5,12,18 38:3 42:3,23 55:14 56:1 57:12 119:17 135:8 152:16 158:2 looked 16:18 55:24 57:13 69:3 149:22 looking 55:16 126:22 143:10 looks 56:8 90:21	lorazepam 151:17 152:3,24 lot 9:19 25:10 33:9 33:10 34:18,19 37:12 97:21 98:8 99:12,16 148:17 152:16 lots 82:8 113:8 LPA 2:12 lumen 104:7 lung 110:4,6,7,11 110:12 111:23 112:9 lungs 109:23 110:1 110:15 111:6,10 111:21 112:22 LVH 98:15 99:1 Lynette 125:5 133:23 134:7 Lynnette 2:7 135:5 155:5
<hr/> <b>J</b> jail 24:10 25:2 26:24 28:11 56:22 56:24 57:3,23 58:7 69:19 70:2 70:19,23 71:4,5 71:11,24 72:11 73:20,22 74:1,9 89:18,24 90:5 92:23 Jamey 2:6 125:9 156:6,11 159:16 January 157:6,17 Jim 15:13 65:11 73:3 job 20:8 73:16 112:15 139:4 jobs 48:16 joining 154:8 Jon 2:15 journal 61:21 journals 54:20,23 55:3 61:15,17,19 61:23 62:8 Jr 1:4 judge 23:15 jump 61:6 100:14 jumps 78:2 June 36:24 92:12,13 92:14 jury 23:14 107:11 108:15	<hr/> <b>K</b> keep 35:2 71:5 87:12,14 95:11 Ken 65:15 kept 95:21 kid 134:17 135:10 kill 121:4 148:8 killed 79:14 128:23 killing 120:14 124:3 kind 8:1 18:17 20:10 27:3,6 35:24 37:11 40:24 42:2 49:24 50:5 52:2,18 53:13 54:10 65:24 66:16 69:13,17 70:7,22 82:10 87:3 88:8 106:8 116:19 126:24 129:24 152:16	<hr/> <b>L</b> lab 65:15 label 83:19 laced 123:23 lack 133:5 lacks 32:8 62:16	<hr/> <b>M</b> M.D 1:14 2:16 3:5 4:2 5:1 160:3,9,11 162:7 machine 136:24 mail 20:19 62:3,3 mailing 14:21 main 38:15 63:4 101:10 131:13 maintain 27:9 104:8 Maio 29:10,17 30:6 30:14 33:20 37:20 39:19 Maio's 30:17 38:14 majority 100:23 127:19 making 44:23 121:2 133:4 147:11 154:11,14 157:6 malpractice 50:7 man 96:6 106:6 109:19 110:7,7 137:17 138:24 man's 92:20 manilla 46:10,15,17 47:4,7 55:13 manner 99:3 143:1 145:15 146:5,8,24 149:6 marijuana 117:4,5 117:7,10 118:4,7 118:20 119:4,21 120:2,6,11 121:5 121:9,10,16 122:1 122:9,15,18,21 123:6,9,18,21,23 124:3,7,10,14,22 125:14,23 126:7 126:13 127:3,9,22	

128:2,9,13,16,21 129:8,16 130:3,8 130:12,23 131:4,6 131:11,21 135:17 135:22 136:2,10 136:13,16 137:4 137:16 139:3,14 139:21 140:2,4,19 140:22 141:16,20 142:10,12 143:7 144:6,8 145:5,23 147:1 149:18 151:11 <b>mark</b> 14:10 159:3 <b>marked</b> 4:7 14:11 14:13 15:1,3 55:9 77:5,8 90:12,22 <b>materials</b> 13:10 14:6,8 43:2 47:4,6 77:14 <b>MC</b> 77:10,11 143:15 <b>McGinnis</b> 72:20 <b>mean</b> 22:5 28:16 40:4 66:11 67:20 75:12,13 76:16 81:18,19 83:3 84:19 90:16 106:7 106:9 107:17,20 108:3 117:18 119:3 120:18 128:7 142:16 143:7 154:14 <b>meaning</b> 25:16 100:23 <b>means</b> 48:10 117:23 128:24 135:13 142:6 143:8 146:8 146:11 151:10 <b>meant</b> 16:23 46:20 151:10 <b>mechanism</b> 33:18 79:8 111:18 149:12,15 <b>medic</b> 2:16 70:2 <b>medical</b> 24:2,8,14 24:17,20 25:2,5 26:6,9 29:4 31:6 31:21 32:5,12 33:13 34:15,16 36:21,23 37:3,10 37:12 40:24 41:9 42:3,17 43:14,15 43:24 44:10 45:2 45:7 50:7 55:12 55:17,24 58:18 61:14,23 63:19,24 64:9 68:3 78:5,6 82:21 83:2 89:19 89:23 90:5 99:9 109:13 114:4,10	114:13,20 115:5 115:18 116:20 117:15 118:3,6 119:21 120:9 129:15 130:12 136:12,20 137:4 137:16 139:6,12 140:7,21 141:15 141:19 142:9,23 143:17 <b>medical-legal</b> 50:7 <b>medical/legal</b> 49:15 50:20 52:19 54:5 54:13 <b>medicine</b> 47:16 54:16 <b>Medicolegal</b> 38:19 <b>MEDLINE</b> 40:7,8 62:22,23 <b>meet</b> 5:12 7:5 20:8 <b>meeting</b> 70:10 158:2 <b>meetings</b> 54:16 63:6 63:9,10 <b>member</b> 6:23 9:20 21:20 58:13 67:10 68:24 <b>members</b> 19:8,12 19:16 20:9,10 67:13 74:16,19 81:13 <b>membership</b> 61:18 <b>memory</b> 68:6 <b>mentioned</b> 37:19 <b>met</b> 6:6,21 9:1 135:14 <b>metabolite</b> 117:10 118:16 119:12 <b>microfiche</b> 15:20 <b>microscope</b> 18:7,12 <b>microscopic</b> 17:4,23 62:4 104:11,14,21 <b>mid</b> 106:8 <b>middle</b> 154:6 <b>Mike</b> 66:23 93:17 <b>mild</b> 105:11 <b>Miles</b> 2:16 <b>militate</b> 88:15 <b>milliliter</b> 119:18,22 <b>millions</b> 97:22 <b>mind</b> 25:18 34:5 55:23 71:5 127:2 144:9 <b>mine</b> 134:9 <b>minimum</b> 156:12 <b>minute</b> 112:8 140:24 142:5 153:4 <b>minutes</b> 94:2 151:2 <b>mischaracterize</b> 135:10	<b>misleading</b> 21:23 126:2 132:2,8 133:6,6,7,21,23 134:5,14 135:6 <b>missing</b> 45:19 <b>misstates</b> 142:20 <b>misunderstanding</b> 112:13 <b>misunderstandings</b> 33:10 <b>moment</b> 16:11 43:4 <b>Monday</b> 3:1 <b>Montgomery</b> 6:1 12:24 19:2 21:17 48:6,13,18 49:5 49:11 54:12 56:22 57:4 64:21 65:17 66:4 67:13 68:24 69:5,9 72:11 73:10,12 77:12 89:23 97:3 <b>month</b> 92:14,17,23 <b>months</b> 107:2 <b>morgue</b> 48:10 68:19 <b>morning</b> 70:10 <b>mothers</b> 156:4 <b>motor</b> 128:19 148:17 <b>mouth</b> 87:9 88:1 133:1 <b>move</b> 43:6 49:2 66:19 122:16 138:20 139:7 <b>mucus</b> 87:9,24 <b>multiple</b> 25:14 26:15 37:21 40:4 74:7 124:18,19 132:24 <b>municipality</b> 73:9 <b>muscle</b> 85:22 86:2 86:20 101:15 152:5,7 <b>muscles</b> 86:11,15 <b>musculature</b> 152:20	25:2 45:5 89:17 89:24 90:12,13,20 90:22,22 91:3,21 <b>narrative</b> 27:23 <b>narrowing</b> 105:16 <b>National</b> 58:18 63:24 <b>natural</b> 51:14 145:15,23 146:13 146:13 147:3 149:6,17 150:11 150:14 <b>near</b> 151:9 <b>nebulous</b> 142:1,2 <b>necessarily</b> 121:4 <b>necessary</b> 18:15 <b>need</b> 23:17 45:21 86:21 88:9,17 96:7 107:16 115:4 135:19 136:1 138:9,23 140:23 141:22 146:3 148:21 154:4 155:19 156:17,20 157:23 <b>needed</b> 9:9 12:12 16:6 60:22 <b>needs</b> 69:20 80:2 148:21 <b>negative</b> 87:4 119:13 <b>neglecting</b> 103:3 <b>never</b> 6:6,9 20:16 21:1 22:10 67:23 78:23 83:8 124:9 155:14 <b>new</b> 17:24 64:11 <b>nice</b> 139:4 <b>NICHOLAS</b> 2:2 <b>Nick</b> 5:11 46:1 134:1 135:4 148:20 153:18 159:15 <b>night</b> 154:10 <b>nine</b> 91:5 <b>Nods</b> 82:5 <b>non</b> 142:24 <b>non-lethal</b> 141:1 <b>non-natural</b> 143:4 <b>non-privileged</b> 43:10 <b>nonspecific</b> 113:5,6 <b>Nope</b> 14:5 <b>normal</b> 105:9,15,18 106:1,2,10 110:1 110:4 <b>normally</b> 13:22 <b>nose</b> 87:9,24 <b>notary</b> 1:15 3:6,7,8 159:7 160:13,17 162:5,20	<b>note</b> 15:15 <b>notes</b> 3:7 45:21 <b>notified</b> 74:20 155:15 <b>notify</b> 155:19 <b>noting</b> 160:6 <b>number</b> 5:15 11:2 75:2,16 77:7 79:17,20 120:16 127:6 128:12 143:12 155:20 159:5,5 <b>numerous</b> 57:5 58:19 <b>Nurse</b> 2:15,15,15 <hr/> <b>O</b> <b>o'clock</b> 154:8,10 <b>oath</b> 23:11,13 <b>obese</b> 80:10 <b>obesity</b> 80:7,10 <b>object</b> 134:5 <b>objecting</b> 133:17 <b>objection</b> 7:2,12,21 8:11,21 9:6,16,23 10:9 11:7,21 12:22 13:13,20 14:17 19:9,19 20:2,15 21:8,22 22:12 28:20 29:21 30:7 32:8 35:9 36:17 41:12 42:5 42:18 50:1 52:4,8 55:20 56:3 57:16 62:16 64:15 65:5 65:10 66:17 67:19 72:2,13 76:5 85:6 87:20 91:13,24 92:4 95:13 96:2,8 96:16 98:1 99:15 100:11 102:12 103:1,9,19 104:10 107:15 108:1,8,18 109:6 111:1 113:1 113:22 120:3 122:2 125:7,11,18 126:1 127:11 129:2 131:24 133:4,5,16,20,23 134:6 135:11 136:4,15 137:7,20 139:15 142:18 144:2 145:6,13 146:1 147:13 148:6 150:8 151:3 <b>objections</b> 11:22,23 12:2 133:19 <b>obligated</b> 33:14,19 33:19 <b>obligation</b> 155:18 <b>observe</b> 73:24
---	--	---	--	---

<b>observed</b> 107:1	106:22 107:20	<b>opinion</b> 20:4 32:11	<b>parameters</b> 12:6	104:4 105:1,5,7
<b>obtain</b> 156:10	120:16,23 129:7	32:20,23 34:4	<b>paranoid</b> 131:2	105:10,16 106:11
<b>obtained</b> 74:22	130:11 133:2	108:4 113:14	<b>parenchyma</b> 111:17	127:20,21 128:1
<b>obtaining</b> 61:2	148:15 150:18	119:20 121:16	112:23	128:11
<b>occasion</b> 19:1 65:24	151:23 152:1	130:11 140:20	<b>parent</b> 118:19	<b>percentage</b> 98:22
<b>Occasionally</b> 19:11	<b>Ohio</b> 1:1,15,16,22	143:5 147:7,23	<b>parentheses</b> 34:10	99:20 127:8,17
<b>occluded</b> 101:22,23	2:4,9,14 47:13,17	152:10 153:2	<b>parents</b> 134:20	146:20
104:7	47:22 143:15	<b>opinions</b> 51:16	156:13	<b>perfectly</b> 133:18
<b>occlusion</b> 101:19	145:15 159:9	121:15 134:8	<b>part</b> 1:13 14:15	<b>perform</b> 17:5
<b>occur</b> 144:5	162:2,6,17,21	<b>opportunity</b> 6:9 7:9	16:5 29:22 73:18	128:11
<b>occurred</b> 143:3,4	<b>okay</b> 8:4 10:13,22	67:18 154:2	77:22 86:19,19	<b>performance</b> 64:1
144:6,14 145:11	11:13 13:2 14:1,9	<b>options</b> 18:9	90:24 132:23	<b>performed</b> 56:16,21
<b>occurring</b> 150:16	16:12 17:1,20	<b>order</b> 17:24 64:7	<b>particular</b> 12:7	58:8 92:17 97:1
<b>occurs</b> 82:22	18:6 22:7 23:2,10	<b>organizations</b> 35:6	51:20	<b>period</b> 38:4
<b>odd</b> 43:1 116:19	23:20,21 24:12	35:11 58:14,20	<b>parties</b> 3:5 6:15	<b>permanent</b> 47:14
<b>odds</b> 34:17,19	26:12 29:11 30:1	<b>organs</b> 104:19	<b>party</b> 154:8	<b>permit</b> 67:13
<b>offer</b> 18:10 95:17,20	31:2 32:4,24	113:11	<b>pass</b> 48:21 59:6,18	<b>permitted</b> 21:13
95:24	33:17 34:11 35:1	<b>origin</b> 145:21	59:24 60:7,9,18	67:24
<b>offered</b> 18:23 53:20	36:1 38:7 39:4	<b>original</b> 17:21 18:3	<b>passed</b> 114:22	<b>persistent</b> 112:23
67:10 96:9	40:18 43:5 44:19	18:5,14,18 149:5	<b>passing</b> 114:23	<b>person</b> 65:3 68:14
<b>office</b> 6:17,22 8:24	44:22 45:3 46:13	149:21	<b>patent</b> 106:13	71:14 72:15 80:11
9:2 14:8,22 15:17	47:10 48:23 49:3	<b>outside</b> 8:2 17:21	<b>paternity</b> 78:24	86:7 88:17 105:24
16:10 17:12,22	49:15 53:17 54:1	49:10 54:12 66:11	<b>Pathologic</b> 63:16	117:12 123:15
18:17,19 19:2	55:10,23 57:20,21	75:8 97:2 110:1	<b>pathologist</b> 48:9	<b>person's</b> 143:22
20:12 21:5,18	59:22 60:20 63:10	124:3 126:22	54:12 56:18 64:8	146:12
37:15 39:14 43:22	64:13 67:4 69:22	131:19 136:10,12	70:12,14,22 71:3	<b>personal</b> 13:7
44:6,12,16 45:10	70:8 77:20 81:24	139:8 152:14	84:5 141:3 152:15	<b>personally</b> 13:3
46:22,24 48:6,7	82:4 83:5,14 84:6	<b>overdose</b> 128:20,22	<b>pathologists</b> 25:14	52:22,23 61:23
48:13,18 49:5	84:21 88:11 89:20	128:24 129:3,8	70:10,17 71:11	66:8,9
51:23 52:7 53:14	90:1 91:18 92:8	140:24 141:4,7	94:20	<b>pertinent</b> 13:18
53:18 57:11 61:14	92:10 96:12 97:2	142:4,5,16,22	<b>pathology</b> 30:3	<b>Peter</b> 68:16
64:5 65:9,21 66:5	99:10,11 103:16	143:6,6 144:1,7	35:22 36:3 38:14	<b>Phil</b> 1:8
66:6,10,15 67:7	109:10,18 110:12	144:13,21,22	38:15,16 39:7	<b>phonetic</b> 123:2
67:14 69:1,6,9	112:2,8,10 116:10	150:16 151:2	47:12,22 48:1,4	<b>photocopy</b> 14:18
70:20 71:12 73:13	116:11 117:8,21	<b>overdosed</b> 140:21	48:17 49:5,7,12	<b>photograph</b> 16:17
77:15,23 78:21	118:1,2,22 119:8	141:15,19 142:9	58:19 60:3,18,23	16:19,22,23 17:2
79:1 93:16 94:20	121:14 123:1	<b>overdue</b> 140:18	61:9 63:16	68:8,11
95:11 97:4 105:1	125:5 126:12,18	<b>overgeneralization</b>	<b>patient</b> 50:14 91:9	<b>photographs</b> 15:24
162:17	127:8 129:22	108:9	151:1 152:22	16:4,5,7,14 17:5
<b>office's</b> 73:11	130:11 131:3,15	<b>overwhelming</b>	<b>patient's</b> 80:18	19:5,13 62:4
<b>officer</b> 28:4,17 66:1	133:8 135:14	146:10	<b>pay</b> 49:13,14	73:24 78:8,12,14
71:17 73:6,6,7	137:3 139:9,12	<b>oxygen</b> 86:12,15,21	<b>peer</b> 54:20,22 55:2	<b>photography</b> 48:11
<b>officers</b> 27:7 58:1	140:1,13 143:3	88:10,19	<b>peers</b> 61:2	<b>phrase</b> 33:17
65:18 72:7 74:3,7	144:6,12 145:12		<b>pending</b> 23:19	141:23 145:2
91:11,23 107:10	145:19,20,22	<b>P</b>	138:5	<b>phrased</b> 33:6 34:2
107:13 108:13	146:10,15,20,21	<b>p.m</b> 1:17 3:2 150:16	<b>people</b> 65:11 69:4	<b>phrasing</b> 141:24
113:19 114:15	147:2,4 148:5,15	158:8	72:11 75:12,13	<b>physical</b> 25:11 86:3
115:8 116:22	148:19 149:16,19	<b>page</b> 4:4,8,8,9,9	76:6 79:5 82:24	<b>physically</b> 82:3
147:8 150:7	150:22 151:6	159:5,8 160:6	90:4 94:23 97:13	<b>physician</b> 73:5
<b>officers'</b> 26:13,16	152:5 157:13,21	161:7	97:21,22 98:2,8	<b>physicians</b> 121:12
27:5,15	<b>old</b> 100:2	<b>pages</b> 45:5	98:15,23 99:12,16	<b>physiologic</b> 120:21
<b>official</b> 3:8 10:1	<b>once</b> 18:16 21:10	<b>paginated</b> 77:18	101:12,23 106:22	<b>physiological</b>
11:4 42:7,10	22:1 25:15 34:9	<b>paid</b> 52:20	117:16 127:9	124:14,15,21
46:21,23 61:21	71:3,19 75:17	<b>pain</b> 24:16	128:18 129:3	126:8,14 127:4
64:14,17,18,18	105:10 128:22	<b>pair</b> 15:12 65:11	131:1 146:9,9	137:18 139:12
143:19	<b>one's</b> 61:1	<b>paper</b> 15:20 25:9,16	155:6 156:10,16	<b>physiologically</b>
<b>Oh</b> 7:16 8:7,20	<b>ones</b> 27:22 146:22	30:11 46:17 77:3	156:18	136:13
17:10 19:18 29:11	<b>online</b> 62:20	78:18 156:19	<b>people's</b> 128:10,17	<b>physiology</b> 33:18
35:5,15 38:7 52:1	<b>open</b> 156:9,14	<b>paraffin</b> 17:15,18	153:8	<b>pictorial</b> 16:23
65:22 66:7 67:8	<b>Operations</b> 48:9	<b>paramedic</b> 72:16,20	<b>percent</b> 97:13 102:2	<b>picture</b> 146:10
95:22 96:12 97:15	<b>opine</b> 122:4	72:21	102:15 103:4,24	<b>piece</b> 78:18



place 31:13 32:11 48:5 82:19 83:22 84:11 106:3 123:21 162:13 placed 10:12 80:13 Plaintiff 1:6,14 2:5 3:5 Plaintiff's 14:14,16 15:1 27:2 55:7 77:8 157:17 plaintiffs 50:10 planned 30:11 planning 148:22,23 154:7 155:20 plant 147:3 plaque 104:7 plaques 107:5 playing 146:12 plays 144:3 please 5:8 15:11 22:23 40:18 109:17 125:21 132:4 137:9 146:1 154:2,22 159:3,8 Pleasure 158:1 plenty 22:20 Plummer/Montgo... 1:8 plus 25:10 point 15:23 51:23 53:10 56:17 71:23 76:7 102:9 104:1 137:17 147:18 149:17,20 points 140:4 police 73:6,7 political 34:21 population 127:13 127:16 portal 40:3 portion 59:6,15 102:16,18,23 103:4,8 105:4 position 48:7,12 64:22 68:17 81:22 82:19 89:5 91:10 91:23 positional 55:3 75:6 75:9,23 76:2,13 79:4,6,10,11,24 80:1,6,7,13 81:1,5 81:9,14,17,21 82:6,7 85:1,5,13 85:17,23 86:8,18 86:19 87:1,7,11 87:17,19 88:1,3,7 88:16,24 89:6,10 112:6,24 positions 40:12 48:17 49:10 possibility 113:24	possible 70:6 71:15 71:16 157:10 Possibly 123:24 posterior 101:8,14 postmortem 24:21 potential 30:5 144:24 pound 106:6 practice 25:13,14 26:1 35:12 47:11 47:16 48:3 49:24 50:9 62:15,21 64:8 68:22 69:13 69:18 90:8 practiced 49:11 practicing 30:3 47:21 48:17 49:7 predictable 103:12 preexisting 85:12 107:7 140:3 prefer 82:6 Pregon 1:16 2:6,7 41:5 125:7 154:17 159:16 preparation 14:7 42:21 prepare 23:23 26:11 29:3 prepared 47:1 51:8 155:12 presence 3:8 97:3 118:17 128:4 160:15 162:10 present 68:13 89:13 94:21,23 148:24 presented 70:10,12 preserve 17:8,14 preserved 105:1 pressure 80:18,18 85:20 presume 5:15 52:15 153:19 presumption 143:22 pretty 70:23 78:7 prevent 32:20 prevention 7:17 21:1 primary 118:19 print 40:14 printed 16:7 55:17 159:4 prior 20:18 24:20 25:19 30:3 36:23 38:6 71:16 90:3 90:15,20 91:6,9 91:21 130:1 privilege 8:23 10:19 10:20 12:5,7 42:2 42:7,13 privileged 10:11	43:15 probably 5:19 20:16 26:21 29:8 33:4 34:9 37:1 40:11,12 47:14 50:21,21 53:8 58:10 59:2,12,21 75:19 79:8 81:16 94:16 106:4 109:21 110:10 124:16 141:7 147:21 problem 52:14 problems 138:12 Procedure 1:15 3:6 159:8 proceed 71:22 process 109:4 126:14 127:4 131:5 150:12 processed 79:1 produce 61:17 157:6 produced 10:3 16:10 44:13 46:23 77:12,15 129:11 157:1 producing 156:6,7 product 14:8,16 15:9 16:5 36:11 42:12 45:10,14,16 45:19 77:23 119:2 professional 35:6 48:16 49:10 54:11 58:13 66:14 159:13 professionals 24:11 prohibited 6:13 20:12 prohibition 21:7,19 22:10 prohibitions 22:8 prolonged 113:7 promise 26:17 prone 40:12 80:13 88:6 89:5 91:10 91:23 pronounced 70:1 150:18 151:10 proof 3:8 propensity 128:9 property 16:1,2 prosecution 19:11 prosecutor's 8:24 prosecutors 21:9 protections 42:12 42:13 protocol 69:14 protuberant 80:11 provide 18:7 70:6 89:19 94:8 150:13	provided 10:3 26:20 29:1 provider 50:14 providing 11:23 51:16 89:23 90:5 96:12 proximal 102:5,16 102:22 103:7,18 Psychiatric 35:20 psychoactive 118:10,16,20 119:15 psychotic 121:3 public 1:15 6:17 11:3 18:10 19:8 20:9 64:13,18 143:19 144:19 159:7 160:13,17 162:5,20 publication 62:4 publications 35:21 published 30:14 35:21 54:19,22 55:2 60:6 63:20 64:2 76:22 puff 120:2 pulmonary 109:19 109:21 110:21 111:8,17 112:3,4 112:23 113:5 purpose 16:21 143:24 144:18 151:13 purposes 17:19 pursue 59:8 pursuing 60:11 push 152:6 put 31:14 33:14 109:5 124:2 133:1 143:5 144:8 puts 85:4,23 135:6 putting 33:8 85:3 86:3 88:13	116:5 121:21 124:1 125:22 126:2,3 132:8 133:5,10,22 134:9 134:23 135:4,16 137:9,13,21 138:1 138:10,14,24 140:8,20 141:22 141:24 142:15 146:3 150:23 questions 11:16 12:17 23:1 51:20 70:6 79:3 92:9 138:18,22 153:13 quick 153:12 quickly 157:10 quite 75:7 133:12 quote 42:9 46:12
<b>R</b>				
R-A-E-Y-E 29:15 random 71:1 range 100:2 106:1 110:1,10 ranges 106:3 rare 100:10,12 rarely 18:2 rate 122:13 reach 19:1 152:11 read 27:4 30:12 33:21 38:17 55:19 56:11,13 116:6 125:4 133:9,11 134:9 143:2 146:3 159:3,6,8,10 160:4,13 161:2,4 reading 26:15 160:12 ready 138:13 really 33:17 70:16 87:13 118:20 135:19 reams 25:8,9 reason 18:1 20:18 80:15 91:20 129:11,14 146:23 154:5 161:7 reasonable 31:6,15 31:21 32:5,12 33:12 106:4,4,5 109:12 114:4,10 114:13 115:5,18 116:20 117:14 118:3,6 119:20 129:13,15 130:11 136:11,19 137:3 137:15 139:5,11 140:6,20 141:14 141:18 142:8 reasons 36:4 98:3 161:5				
<b>Q</b>				
qualification 3:8 60:14 qualified 162:6 quality 96:20 Quarter 44:2 question 6:22 10:5 10:21 11:8,10,11 12:3,19 21:23 22:23 23:4,8,18 26:10 31:24 38:1 38:23 43:9 49:1,9 67:11 71:9 78:17 84:6,7 85:7 88:11 98:19 101:5 107:17 114:11 115:12,15,20				

<b>Reay</b> 29:15 39:21	82:13 101:7	151:16 157:5,17	112:24 114:1,3,21	114:5,14 115:6
<b>recall</b> 14:3 16:19	<b>refers</b> 33:17	<b>representation</b>	114:23 115:7	117:15 119:4
26:15 28:2,4,8,10	<b>reflect</b> 155:12	16:24	130:20 131:22	124:24 126:16
29:16 33:5 38:9	<b>refresh</b> 55:18	<b>representative</b> 11:5	136:1,6,6 147:6,9	127:2 128:3,6,20
55:23 56:5 67:5	<b>regard</b> 13:9 38:21	18:2 19:7 20:11	147:12,16 150:6	129:7 139:4
69:2 89:14 90:9	42:14	21:20 67:9,17	<b>restraint-type</b> 29:5	140:21 141:10,15
90:11,18 91:2	<b>regarding</b> 8:15 20:5	<b>representatives</b>	<b>restrict</b> 80:23	141:19 142:9
94:17 95:19	24:13,16 29:4	20:9	<b>restriction</b> 20:17	144:19 145:4
126:15,17	111:16 151:5	<b>represented</b> 51:24	<b>result</b> 58:9 76:15	146:23 147:7
<b>receive</b> 27:23 54:17	<b>Regardless</b> 147:3	52:2 153:24	86:4 110:22 147:6	153:1
61:23 62:1,8	<b>regular</b> 65:24 66:2	<b>representing</b> 8:14	150:5,6 151:2	<b>Richardson's</b> 9:15
<b>received</b> 26:6 27:22	66:16,18	9:5 12:23 13:8	159:10	15:17 21:16 26:14
45:10,17	<b>regularly</b> 18:10	50:10,13	<b>results</b> 60:5	36:12 51:13 54:24
<b>receiving</b> 43:17	57:21 61:23 62:8	<b>represents</b> 5:24	<b>resuscitated</b> 129:3	68:6 69:1 73:3
91:21 152:4	62:20 98:2	<b>reprise</b> 157:16	<b>retain</b> 25:12 50:20	79:21 93:13 95:18
<b>Recess</b> 40:21 140:15	<b>rejects</b> 81:8	<b>reproduce</b> 157:9	95:11	101:20 106:19,24
<b>recognition</b> 61:1	<b>release</b> 17:21	<b>request</b> 8:14 17:2	<b>retained</b> 50:17	107:14 108:16
<b>recognize</b> 34:22,23	<b>relevant</b> 9:22 43:13	18:13,18 78:23	104:18,22	110:15 111:10,21
34:24 35:7,23	<b>reliable</b> 38:22	92:20 161:4	<b>retaining</b> 110:19	112:21 116:21
83:7	<b>relied</b> 44:11	<b>requested</b> 10:2	<b>retire</b> 66:19	125:16,24 129:17
<b>recognized</b> 34:15	<b>rely</b> 37:5,7 45:12	15:22 27:21 93:1	<b>retrieve</b> 16:6 40:18	130:13,23 131:12
35:3 109:19	<b>relying</b> 42:13 73:15	<b>requests</b> 15:23,24	40:24 45:4,7 56:7	137:19 139:13
<b>recognizes</b> 34:17	<b>remaining</b> 102:18	15:24 18:20	56:9 57:7	<b>right</b> 5:22 6:18,19
35:18	104:7 106:12	<b>require</b> 86:12	<b>return</b> 159:8	8:7 11:19 12:9
<b>recognizing</b> 35:12	<b>remember</b> 21:19	<b>required</b> 60:15	<b>returned</b> 150:2	17:8,13 20:4
35:12 100:9	26:12,14 27:1,6	68:20,23	<b>review</b> 17:23 23:23	22:20 23:5 27:13
<b>recollection</b> 25:17	41:2 51:10 90:22	<b>requiring</b> 136:5	24:8,19 25:5,9	28:24 35:20 39:16
25:21 55:18 69:16	91:19 94:23,24	139:24 147:9	26:10 36:22 37:18	40:17 43:19 44:3
<b>record</b> 5:12 9:24	102:9 112:15	<b>reschedule</b> 155:23	37:23 38:3 42:23	52:15,24 53:11,16
10:1 11:23 12:1	128:8	<b>rescheduled</b> 155:6	45:24 50:6 54:5	57:9,14 58:4
18:22 22:19 23:1	<b>REMINDER</b> 2:12	<b>research</b> 30:11	54:20,22 55:2	59:23 63:2,5,13
24:14 27:10 40:23	<b>remove</b> 41:15 42:1	54:18 64:9	68:3 77:13 89:16	69:7 72:9,18 73:8
41:23,24 114:12	<b>removed</b> 13:11	<b>researched</b> 52:7	90:2,3,13,19	73:14 74:2 78:12
133:3,4 135:10	41:10 43:2	<b>resistance</b> 129:12	<b>reviewed</b> 24:1,2,14	78:20 79:2,13
140:17 142:20	<b>rendering</b> 80:2	<b>resource</b> 62:14	24:17 25:18,19	80:22 81:3 82:12
143:19 153:3,5	<b>repeat</b> 32:3 49:3	<b>resources</b> 25:12	26:1,2,6,10 27:8	82:17 83:24 84:13
155:4,11 156:22	137:9	62:20	27:16,18,20,21	84:14,16,18,21
157:4 161:5	<b>rephrase</b> 31:24 32:3	<b>respect</b> 13:8 84:18	28:9,17,18,22	85:19 86:5,13,17
<b>records</b> 24:2,8,17	126:3 133:22	112:22 121:15	29:2 36:22 37:3	87:4 91:8 92:12
24:20 25:2,6,9,18	137:22 138:7	138:4 139:3	38:10,18,20 39:22	92:16 93:14 94:7
26:2,7,9 45:2,8,15	<b>rephrasing</b> 132:17	140:18	45:12 52:24 56:5	95:6 97:1,20 98:6
45:15 51:18 68:4	<b>report</b> 10:3 14:19	<b>respective</b> 3:5	68:4 91:18 92:8	100:21,24 101:3,6
78:6	14:21,21 16:1	<b>respiratory</b> 85:22	<b>reviewing</b> 25:22	101:10,11,18,21
<b>recut</b> 17:19	24:22 25:6,15,20	86:2 111:18,22	26:12 28:4 51:18	104:15 105:2,6,9
<b>recuts</b> 17:24 18:2	26:3 27:9 28:18	112:1,3,9 113:9	77:19 90:11,23	105:14 106:14,17
18:11,13,18	31:3,7 32:11,16	<b>responsibility</b>	<b>reviews</b> 54:13	106:24 107:9
<b>recycle</b> 25:16	33:1,15,22,24	153:13	<b>rhythm</b> 140:7	109:2,24 110:5,7
<b>redacted</b> 45:21	34:8 36:24 55:19	<b>responsible</b> 90:4	<b>rib</b> 80:19	110:12,16,17
<b>reduced</b> 3:7	64:24 69:24 70:5	<b>restrained</b> 82:3,3	<b>Richardson</b> 1:5	111:7 112:12,14
<b>refer</b> 39:5,16 46:1,3	74:24 90:15,19	88:23 107:17	5:21,24 6:14	118:19 120:17
62:21 63:13,15,17	91:4,21 94:15	109:5 130:1 137:2	14:19 24:3,9 28:1	123:8 124:9,12
69:16 101:24	124:6 129:18	139:24	30:24 31:10,22	128:20 132:13,18
109:17	<b>reported</b> 69:23 83:2	<b>restraint</b> 40:11,11	32:6 33:13 36:16	132:20 137:1
<b>reference</b> 14:15	114:23 123:17	55:5 71:6 76:3,4	51:24 52:7 58:5	138:11,16 143:18
<b>referenced</b> 69:4	<b>reporter</b> 48:22	76:10,15,19 79:4	58:11 68:10 72:4	150:4,11,13 151:8
<b>referencing</b> 41:18	159:13 161:1	81:4,21 82:1,18	73:12 74:11,17	151:18 152:7
<b>referred</b> 38:17	<b>reporting</b> 72:19	82:20,21 83:1,4	79:15 89:13 91:5	<b>rise</b> 120:10
41:10 45:2	<b>reports</b> 15:12 26:13	83:11,16 84:18	91:22 92:15 93:4	<b>risk</b> 80:1,5,7,12
<b>referring</b> 15:8	26:15 50:16 66:3	85:2,10,13,17	93:9 100:17	85:1,4,5,12,13,16
41:18 44:20 70:19	90:24 125:4	87:1,5,16,19 88:6	101:24 105:20,24	85:17,20,22,23
71:6 81:7,22 82:2	126:23 150:2	108:15 109:1	108:14 113:19	86:7 87:1 88:13

<b>roach</b> 122:11	<b>screener</b> 51:18	<b>show</b> 16:11 27:2,15	148:22	89:14
<b>road</b> 117:18 126:6	<b>seal</b> 162:17	54:18 93:20 94:19	<b>son</b> 39:11	<b>states</b> 1:1 47:19
<b>Robbins'</b> 63:16	<b>search</b> 40:5,10 57:6	151:17	<b>soon</b> 138:1	127:9,12
<b>Robert</b> 1:5 2:12	57:12,18 126:23	<b>showed</b> 19:5 93:21	<b>sooner</b> 47:5	<b>statistics</b> 143:3,16
5:21,24 14:19	<b>searched</b> 57:13,20	<b>showing</b> 88:22	<b>sorry</b> 44:17 48:20	<b>stay</b> 64:7,8
24:2 51:24 73:12	57:20	90:12,21 143:10	82:11 91:17	<b>stayed</b> 48:5 49:6
100:17 124:24	<b>searches</b> 37:17	143:15 154:19	104:17 123:12	96:15
146:23	62:22	<b>shrugs</b> 22:21	140:13 142:24	<b>stenosed</b> 102:15
<b>role</b> 144:3 146:12	<b>searching</b> 56:23	<b>sic</b> 29:15	143:1 150:24	<b>stenosis</b> 102:3 104:9
<b>rolling</b> 68:10	<b>second</b> 15:14 28:22	<b>side</b> 101:7 156:10	<b>sorted</b> 47:5	104:13
<b>room</b> 18:7 19:4 25:3	59:18 93:23	<b>sign</b> 87:6,10 88:2,6	<b>sought</b> 58:23	<b>stereotype</b> 162:10
41:4,11	121:20 153:20	88:12,24 89:9	<b>sound</b> 114:8	<b>stenotypy</b> 3:7
<b>rule</b> 34:5	155:14	148:13 159:3,6,8	<b>sounds</b> 49:4 53:3,9	<b>step</b> 71:4,12
<b>ruled</b> 32:19 69:19	<b>section</b> 16:18 60:9	<b>signature</b> 158:5	72:10 87:5	<b>stepped</b> 41:4
147:20 148:9,17	104:11,23	159:8 161:23	<b>source</b> 29:7 40:3	<b>steps</b> 69:21
149:5	<b>sections</b> 104:5,8,18	<b>signed</b> 14:18,19	<b>sources</b> 38:22 72:3	<b>Steven</b> 2:16
<b>rules</b> 1:15 3:6 22:19	<b>see</b> 13:7 20:23 32:23	25:15 142:23	<b>SOUTHERN</b> 1:1	<b>stick</b> 119:7
83:21 84:4,9	45:20 47:7 52:14	144:20 159:10	<b>SPANGENBERG</b>	<b>stipulated</b> 3:4
146:8 159:8	57:19 69:3 76:7	160:14	2:3	<b>STIPULATIONS</b>
<b>ruling</b> 146:24	77:16 96:21 98:2	<b>significant</b> 140:5	<b>speak</b> 6:10,15,24	3:3
<b>runs</b> 101:9,14	99:17 105:16	<b>signing</b> 25:19 90:15	74:6	<b>Stockhauser</b> 2:16
<b>Russell</b> 6:22	113:8 117:11	160:12	<b>speaking</b> 11:23 12:2	<b>stop</b> 53:20 133:24
	127:13 128:10,18	<b>signs</b> 88:5,8,14,22	72:4 74:6 134:6	148:13 153:16
	148:16,18 152:1	89:12	<b>Special</b> 1:4	<b>stopped</b> 53:9
<b>S</b>	<b>seeing</b> 158:2	<b>similar</b> 35:21 51:13	<b>specialty</b> 58:21	<b>stopping</b> 137:19
<b>sample</b> 62:1	<b>seek</b> 11:14 59:1,20	<b>simple</b> 157:2	<b>specific</b> 25:17 51:20	<b>stops</b> 108:7 133:21
<b>samples</b> 17:14	61:10	<b>Sincerely</b> 159:12	62:6 69:15 87:13	<b>story</b> 71:14
<b>sat</b> 12:11 19:4 59:22	<b>seen</b> 43:3 78:23	<b>single</b> 16:17 128:3	91:2 107:16	<b>straightforward</b>
<b>saved</b> 17:19	83:8 100:6	<b>sit</b> 18:4 28:3,8 59:15	126:24	33:23
<b>saw</b> 16:17 44:6,7	<b>seizure</b> 114:24	60:19 94:3 127:1	<b>specifically</b> 70:19	<b>Street</b> 2:13
68:8 74:1,11	<b>selected</b> 70:14	138:12	72:4 99:15	<b>strenuous</b> 147:19
151:16	<b>sense</b> 16:13 128:15	<b>sitting</b> 20:13 39:17	<b>specified</b> 162:14	<b>stress</b> 109:5 147:5
<b>saying</b> 15:24 20:23	145:3	<b>situation</b> 20:11 34:2	<b>Speeding</b> 120:24	150:6
25:24 32:21 34:10	<b>separate</b> 54:3 57:4	118:23 123:22	<b>spell</b> 5:8	<b>stressor</b> 107:21
34:21 75:23 80:11	<b>sequentially</b> 77:11	141:2	<b>spelling</b> 29:13	109:8,12 126:20
87:12,14 96:21	<b>serial</b> 104:5,8	<b>six</b> 44:4 53:7 106:5	<b>Spitz</b> 38:19,21 39:9	129:10 136:7,16
111:15,23 116:20	<b>services</b> 89:19 91:3	119:4	39:9,16	136:20
120:12 121:18	91:17	<b>size</b> 105:15,18	<b>splitting</b> 151:5	<b>strike</b> 43:6 138:20
123:20 126:19	<b>Session</b> 3:1	<b>sized</b> 105:9	<b>Sr</b> 1:5	<b>strong</b> 130:2
128:23 130:10,19	<b>set</b> 6:16 154:15	<b>slide</b> 105:3,4	<b>staff</b> 25:12	<b>struggle</b> 86:20 88:5
131:20 135:16	162:16	<b>slides</b> 17:5,8,19,21	<b>stake</b> 12:5	89:5 108:14 115:7
139:20,23 140:2	<b>sets</b> 24:19 25:5	18:1,3,5,12,14,18	<b>stamps</b> 77:9	<b>struggling</b> 86:7,11
144:14 145:7	<b>setting</b> 22:18 60:18	78:5	<b>stand</b> 122:14	109:4
155:16	82:1 122:14	<b>Slightly</b> 110:3	<b>standard</b> 17:6	<b>studies</b> 122:17
<b>says</b> 5:3 77:8 78:2	<b>settings</b> 60:23 82:8	<b>Smiley</b> 155:8	<b>standards</b> 64:1	<b>stuff</b> 55:18 82:10
92:8 129:18 135:5	<b>settled</b> 51:8	<b>smoke</b> 122:11	<b>start</b> 22:18 49:14	<b>stumble</b> 119:10
<b>scan</b> 25:12	<b>severe</b> 105:7	<b>smoked</b> 119:4 145:9	66:8 68:15 77:10	<b>stumbling</b> 117:17
<b>scenario</b> 67:23	<b>shackles</b> 82:3	<b>smoking</b> 124:4	153:10	<b>subject</b> 42:2 95:2
<b>scenarios</b> 147:22	<b>share</b> 11:5 13:17	139:13	<b>started</b> 41:3 126:6	156:22 157:6
150:13	37:11	<b>society</b> 97:10	134:2	<b>submitted</b> 71:20
<b>scene</b> 70:3 74:7	<b>sheet</b> 16:1 159:5,6,9	<b>solely</b> 143:7	<b>starting</b> 74:17	104:11,20 105:4
<b>schedule</b> 148:23	<b>Sheriff</b> 1:9 2:9 6:2	<b>Sollenberger</b> 93:18	<b>Starts</b> 2:11 159:15	160:11
153:23	<b>sheriff's</b> 21:18 66:5	93:19 94:5,8,22	<b>state</b> 1:15 5:8 9:24	<b>subpoena</b> 14:2,3
<b>scheduled</b> 153:17	66:5,9,15 67:6,14	95:17,24 96:13,15	47:17 54:16	156:17
153:18 155:7	69:1,5,9 73:10,13	<b>somebody</b> 7:18	114:11 115:17	<b>subpoenaed</b> 44:9
<b>scheduling</b> 153:8,9	93:15 97:3	18:17 68:9 69:19	116:13,20 118:3,6	<b>subscribe</b> 61:13,14
157:11	<b>SHIBLEY</b> 2:3	84:2 86:6 100:1	132:4 137:11,15	81:4
<b>School</b> 54:16	<b>short</b> 152:12	124:4 148:7 155:8	160:1 162:2,6,21	<b>substance</b> 77:14
<b>Sciences</b> 58:18	<b>shortly</b> 152:10	<b>someone's</b> 33:16	<b>stated</b> 160:13	141:6,9 160:6
61:17	<b>shoulder</b> 135:6,12	83:3 86:14 124:15	<b>statements</b> 26:16	<b>substantial</b> 128:12
<b>scope</b> 7:22 52:9	135:13	<b>someplace</b> 148:21	27:5,23 28:4	132:23
<b>score</b> 60:8				

<b>subtle</b> 85:2	<b>syringe</b> 96:21	122:4 141:1,4	107:16 112:6,19	<b>tissue</b> 17:14,18 18:1
<b>sudden</b> 139:17	<b>system</b> 56:24 70:16	142:4	113:21,24 122:8	152:20
152:7	103:3 122:9	<b>terminal</b> 79:10,14	123:2 126:9,15	<b>tissues</b> 86:15,20,20
<b>sue</b> 53:17	126:23 152:8,9	108:6	128:24 131:1	<b>title</b> 42:9 61:20
<b>sued</b> 53:14,15		<b>terminology</b> 33:20	132:1,20 133:16	<b>today</b> 5:13 6:6,10
<b>suffer</b> 79:5	<b>T</b>	35:13 128:22	133:18,19,22	10:6 12:13,20
<b>suffered</b> 102:1	<b>table</b> 10:12 15:23	<b>terms</b> 17:4 40:10	134:6,6 138:17	13:22 14:7 15:18
<b>sufficient</b> 73:16	<b>tactic</b> 8:1	41:19 78:6 79:24	140:23 141:1	23:2,11 28:3,8
<b>suggest</b> 12:8	<b>take</b> 16:14 22:22	85:3 101:22	142:12 143:2	47:1 56:13 108:12
<b>suggested</b> 36:15	23:17,19 40:19	<b>test</b> 59:22 60:9	147:6,16 151:19	124:1 127:1
<b>suggestion</b> 154:12	55:14 96:7 133:11	<b>tested</b> 119:12,23	152:2 154:11	148:23 153:11,16
154:14	133:15 135:19	151:22	<b>third</b> 59:22 98:17	153:21 154:1,18
<b>suicide</b> 145:16	138:2,4 153:10,11	<b>testified</b> 45:12	115:11 121:20	155:15 157:1
146:19	153:12 154:15	<b>testify</b> 23:14 42:19	<b>thirty</b> 143:1 159:8	<b>today's</b> 13:18 23:22
<b>Suite</b> 1:16 2:4,8,13	<b>taken</b> 1:15 3:6 5:13	42:20 51:6 162:8	<b>thought</b> 43:1 108:22	24:9 26:2,11
<b>sum</b> 77:14	5:20 17:3 40:21	<b>testimony</b> 111:20	108:24 135:4	28:18 29:3 36:22
<b>summaries</b> 39:23	68:11 140:15	132:23 157:5	<b>thousands</b> 123:10	38:12 39:17 41:2
90:11	161:2 162:9,13	159:4,5,6 162:9	123:11,13	68:5
<b>supplemental</b> 88:10	<b>takes</b> 70:22 120:10	162:12	<b>three</b> 25:22 33:3,3	<b>told</b> 8:5,8,9 9:24
88:19 142:23	149:19 152:8	<b>testing</b> 131:16	60:23 75:12 82:4	12:11,13 19:24
149:14	<b>talk</b> 8:5 11:24 20:20	<b>text</b> 30:12 37:24	96:10 135:14	20:3,5,5 26:9
<b>Supplementary</b>	21:10,13 72:7	38:15,16 39:5,7	153:21 154:1,4	36:21 42:19 43:12
143:16	76:23 128:7 134:2	39:16,19 63:16,17	155:20	54:12 63:12 67:14
<b>supply</b> 93:2 101:15	154:21	<b>textbook</b> 123:2	<b>thrombus</b> 101:17	75:2 79:5 87:18
<b>support</b> 150:17	<b>talked</b> 21:11 39:19	<b>textbooks</b> 37:15,18	105:17	112:6 135:9
<b>supposed</b> 12:17	46:21 72:15 78:5	37:21 38:2	<b>thumb</b> 44:7	144:18 147:16
156:5	78:8 106:11	<b>texts</b> 38:13,18 39:20	<b>Thursday</b> 154:17	153:15 156:6,11
<b>sure</b> 15:22 18:21	<b>talking</b> 9:14 60:4	63:12	154:18	<b>tomorrow</b> 149:1
19:18,22 23:3	72:10 82:16,18	<b>thank</b> 71:8 84:7	<b>tied</b> 141:23	154:16 157:9
24:6,7 25:24	88:12 115:3	92:14 158:1,3	<b>time</b> 3:6 7:21 11:3	<b>top</b> 44:5 80:17 82:9
26:19,23 28:12	118:11 121:14,19	<b>THC</b> 117:11 118:19	19:1 23:18 24:4	<b>topic</b> 16:13 19:23
29:9 32:1,2,14	124:5 127:18	119:17	24:20 25:22 26:17	62:6
35:17 39:6 40:20	134:2 155:2	<b>theory</b> 81:3,4,6,9	28:22 34:23 37:8	<b>topics</b> 54:23 148:20
51:22 52:13 62:24	<b>talks</b> 74:6	<b>thick</b> 9:11 43:24	38:4,10,24 44:18	<b>total</b> 101:19
63:24 65:22 66:7	<b>technician</b> 68:19	99:7	51:23 52:8,11	<b>totally</b> 101:23
67:22 72:6 75:17	<b>tell</b> 15:11 21:10	<b>thickened</b> 98:3	59:22,24 66:23	<b>toxic</b> 120:6,10,12,18
76:1,7 81:12	23:5 24:1 29:8	<b>thin</b> 12:4	68:18 69:18 71:23	120:18,20,21
82:13,23 83:3	31:22 32:6 38:13	<b>thing</b> 17:6 20:10	77:21 83:22 84:11	121:3,6,9,16,19
86:1 87:15,24	42:20 77:13 94:11	28:15 60:17 69:22	90:2,20 93:8,11	121:20,23 122:1,4
88:21 89:11 94:10	96:24 97:12 101:3	88:16 91:1 110:21	93:23 98:18	122:7,9,15 141:23
95:22 100:12	112:13,15 115:11	113:6 116:14	113:20 115:11	142:12 145:1
101:16 102:19	116:1 118:24	120:19 121:22	116:2 117:1,7	151:12
104:19 106:22	119:3 122:12	131:13 144:8	119:22 134:11	<b>toxicologist</b> 121:23
107:20 109:1,15	127:13 134:14	<b>things</b> 15:19,21	135:19 137:17	121:24
122:21 126:3	138:3	18:10 19:6 30:12	139:14 149:19	<b>toxicologists</b> 122:3
133:13 134:23	<b>telling</b> 42:22 54:10	34:18,20 42:20	150:15,18 151:9	<b>toxicology</b> 14:21
140:18 143:9	96:5 104:23 105:3	49:8 64:11 78:24	152:9,11,12	131:16 149:19
154:21	108:12 111:12	87:13 96:17 113:8	153:11,12,16	150:2 151:16
<b>surgery</b> 154:9	113:18 122:8	128:19 131:17	155:3 159:9,10	<b>toxin</b> 140:3
<b>surprised</b> 114:22	133:17,22	153:14	162:13	<b>training</b> 47:13
115:1 127:19,23	<b>ten</b> 45:5 50:21,22	<b>think</b> 5:18 9:10	<b>times</b> 5:15 11:1,2	<b>transcribed</b> 3:7
<b>surrounding</b> 53:12	75:20,22 76:13	12:12,20 21:10	22:20 39:8 50:19	162:11
83:22 84:1,11,22	83:3 87:22 154:7	24:14 26:17 28:16	62:7 75:5,8,18	<b>transcript</b> 22:21
95:8	154:9	29:14 33:9 36:4	94:14,17 98:24	159:3,3,6,10
<b>survival</b> 152:12	<b>tend</b> 17:22	38:15 41:23 43:14	99:24 115:21	160:4,10 161:2
<b>susceptible</b> 86:24	<b>tends</b> 18:15	44:23 51:19 63:7	124:13,16,19	162:12
<b>switch</b> 148:20	<b>term</b> 32:15 33:1,8	63:12 64:17 67:14	126:7,12 132:24	<b>trauma</b> 146:16
<b>sworn</b> 5:2 162:8	33:11,16,17,19	72:7 75:2 76:18	135:14 145:3	<b>treating</b> 12:4
<b>symptom</b> 87:6	34:3,6,7 36:10	84:9 87:18 92:12	<b>Tina</b> 157:24	<b>tree</b> 103:5 124:5
<b>symptoms</b> 88:14	76:10 82:6 99:9	94:2 97:12,12	<b>tiny</b> 146:20	<b>trial</b> 51:6
89:12	117:9,16 120:20	103:10,11 106:7	<b>tired</b> 138:16	<b>tried</b> 36:4

<b>trouble</b> 88:6,8,23 109:15	27:3	62:5 75:7 126:11	<b>wanting</b> 40:19	101:24
<b>true</b> 6:14 12:14,15 28:4 33:15 37:8 41:21 78:21 79:7 79:15,22 80:8 81:15 82:22 84:23 85:14,18 86:4,8 86:12,18 87:7,11 88:3,18,24 89:6 89:13 93:5,13 98:13,16 100:21 101:17 102:18,24 103:2,8 105:8,11 105:19 107:3,14 108:7,16 109:3,5 111:18 112:24 115:8,18 119:15 124:8,24 125:1 132:8,11 142:7,7 147:8 149:22 160:7 162:11	<b>undersigned</b> 160:13 <b>understand</b> 5:12,19 5:19,23 6:4 8:13 11:8,11,17 23:2,4 23:11,13 29:20 32:1 33:8,24 34:1 38:2 71:7 73:19 111:9 112:16,19 115:17 121:14 122:16 131:20 134:23 135:4,23 137:21 143:9,21 143:23 150:9 153:7	<b>vague</b> 99:16 103:19 <b>varies</b> 62:5 <b>vary</b> 119:6 <b>varying</b> 24:16 <b>vasculature</b> 101:8 104:6 106:12 <b>vehicle</b> 128:19 148:17 <b>vein</b> 39:2 <b>ventricle</b> 16:24 98:3 <b>ventricular</b> 97:9,14 97:22,23 98:9,10 98:23 99:3,6 <b>verbalizes</b> 89:8 <b>versions</b> 154:22 <b>versus</b> 38:3,13 <b>video</b> 92:8,9,11,20 93:5,16,20,22 94:1,3,9,15,19 95:2,21,24 96:6 96:17,20 97:2 149:22	<b>wants</b> 17:23 <b>wasn't</b> 7:11,14 8:8 41:24 43:19 68:12 71:6 104:20 107:11 124:19 147:24 153:24 <b>waste</b> 155:3 <b>watch</b> 18:5 93:16,23 94:3,15 97:2 <b>watched</b> 94:1,6 <b>watching</b> 93:5,12 94:9,12 <b>way</b> 5:18 12:8 25:11 31:14 32:22 33:6 34:2 56:23 77:11 77:18 86:3 109:22 111:14,15 112:21 114:6 121:23 126:23 139:6 141:24 144:7 155:11 <b>ways</b> 37:9,13 63:4 72:20 94:13 <b>we'll</b> 22:24 23:19 47:4 49:1 138:2 154:22 156:13 157:19 <b>we're</b> 12:4 16:13 40:23 44:17 47:6 60:4 68:22 70:7 82:18 88:12,13 115:3 118:20 121:18 138:3 140:17 143:9 154:2,23 155:22 156:7,14,19 <b>we've</b> 10:3 11:22 23:7 39:19 46:21 106:11 131:9 133:12 155:7 <b>week</b> 56:10,13 156:5,7,11 <b>weeks</b> 107:2 149:18 155:4 <b>weigh</b> 110:5 <b>weight</b> 80:16,17 105:22 110:2,5,7 110:11 111:16 <b>went</b> 19:5 73:19 89:12 94:17 <b>weren't</b> 7:16 126:14 148:23 150:2 154:7 <b>Werner</b> 39:9 <b>WESTERN</b> 1:2 <b>WHEREOF</b> 162:16 <b>Whitney</b> 1:15 3:6 159:9,13 162:5,20 <b>widely</b> 106:13 <b>widowmaker</b>	<b>withheld</b> 43:13 <b>witness</b> 1:14 3:5,8 10:13,22 11:23 31:18 42:11,12 43:11 46:10 48:20 48:23 63:9 78:15 132:21 133:20,22 134:3 138:10,13 140:9 146:4 148:22 157:5 158:3 160:12 162:10,13,16 <b>withnessed</b> 27:24 <b>witnesses</b> 155:3,21 156:19 <b>word</b> 121:20 122:7 142:16 156:24 <b>worded</b> 144:15 <b>wording</b> 144:16 <b>words</b> 86:6 105:23 117:11,22 133:1 152:6 <b>work</b> 14:8,15 15:9 36:11 39:5 42:12 45:10,14,16,19 51:17 52:10 53:13 65:24 66:1,11,15 71:24 77:23 132:21 154:22 157:20 <b>worked</b> 54:4 65:20 157:11 <b>working</b> 33:24 37:7 53:20 76:21 78:7 78:20 154:9 <b>works</b> 6:18 <b>world</b> 114:10 <b>worse</b> 106:22 <b>worthy</b> 125:10 <b>wouldn't</b> 33:4 103:10 107:4 108:9 128:12 155:10,21 <b>wounds</b> 128:19 <b>wow</b> 97:15 <b>Wright</b> 54:16 <b>write</b> 129:21 142:19 <b>writing</b> 3:7 <b>writings</b> 30:2 37:23 38:10 <b>written</b> 32:20 37:21 39:3 59:3,15 60:5 70:5 <b>wrong</b> 101:4 109:22 122:12 130:6
<b>truth</b> 162:8 <b>try</b> 35:2 60:2 64:3 77:3 <b>trying</b> 12:8 34:12 38:2 46:2,16 89:4 100:15 113:8 114:8 116:12 122:6 126:6 133:1 142:3,3 153:8 155:10,16 157:3 <b>tuned</b> 137:8,8 <b>turned</b> 43:19 <b>TV</b> 19:4 <b>twice</b> 18:16 34:9 <b>two</b> 11:22 15:13,14 24:19 41:5 44:1 44:19 63:4 76:7 91:5 94:9 123:2,6 131:17 134:20 139:18,20 140:4 154:5 155:20 <b>two-sided</b> 77:17 <b>type</b> 62:22 71:6 100:7 114:20 115:15 <b>typed</b> 15:15 <b>types</b> 24:16 <b>typewritten</b> 159:4 <b>typical</b> 42:21	<b>understandable</b> 33:7 <b>understanding</b> 6:12 7:8 19:24 22:9 51:22 67:6,12 89:22 91:7 96:14 122:7 <b>understood</b> 13:10 23:9 60:16 79:20 112:11 <b>undetermined</b> 99:5 145:16 <b>unfair</b> 153:19 <b>unintentional</b> 148:4 148:10,11 <b>unique</b> 87:16,18 <b>United</b> 1:1 127:9,12 <b>unknown</b> 139:13,14 <b>unnatural</b> 143:1 145:21 146:8,11 <b>unquote</b> 42:9 46:12 <b>unrelated</b> 53:19 <b>unusual</b> 113:7 125:16,19,22 <b>unwilling</b> 11:4 <b>unwillingness</b> 34:3 <b>updated</b> 54:18 <b>upper</b> 106:9 <b>upside</b> 82:8 <b>Uptegrove</b> 6:22 19:3,3,3 <b>UpToDate</b> 62:10,11 62:14 <b>upwards</b> 119:4 <b>use</b> 31:3 32:15 33:1 33:11,19,19 34:3 34:6 40:3 57:6 62:14,21 63:3 72:6 85:4 99:9 117:9 121:24 122:4 127:9 141:1 144:8 148:2 <b>useful</b> 95:9 <b>users</b> 119:6,6 <b>usual</b> 90:8 <b>usually</b> 8:5 60:7	<b>V</b> <b>vague</b> 99:16 103:19 <b>varies</b> 62:5 <b>vary</b> 119:6 <b>varying</b> 24:16 <b>vasculature</b> 101:8 104:6 106:12 <b>vehicle</b> 128:19 148:17 <b>vein</b> 39:2 <b>ventricle</b> 16:24 98:3 <b>ventricular</b> 97:9,14 97:22,23 98:9,10 98:23 99:3,6 <b>verbalizes</b> 89:8 <b>versions</b> 154:22 <b>versus</b> 38:3,13 <b>video</b> 92:8,9,11,20 93:5,16,20,22 94:1,3,9,15,19 95:2,21,24 96:6 96:17,20 97:2 149:22 <b>view</b> 18:14 <b>viewed</b> 96:15 <b>viewing</b> 94:22 <b>views</b> 61:4 <b>Vincent</b> 29:17 33:20 <b>Vine</b> 2:13 <b>violate</b> 84:4 <b>visit</b> 25:3 <b>visits</b> 24:15 <b>vital</b> 143:3,16 <b>voice</b> 20:19 <b>volunteer</b> 54:15 <b>vs</b> 1:7	<b>W</b> <b>wait</b> 22:23,23 <b>waiting</b> 47:6 <b>waived</b> 3:9 158:5 <b>walk</b> 69:17,20 106:22 <b>wall</b> 19:5 82:9 <b>want</b> 6:16 11:22,24 12:5 18:4 19:13 19:22 23:1,5 28:12 31:24 45:22 69:12 72:6 77:13 79:3 109:16 116:11 118:15 129:21 133:16 134:9 135:3,12 137:22 138:9,11 139:7 143:5 145:2 148:2 153:7 154:21 155:4,11 <b>wanted</b> 31:13 45:23 149:2 157:13,21	<b>X</b> <b>Y</b> <b>yeah</b> 17:17 22:14



31:18 32:2 37:22 39:1 40:6,9 43:1 46:8,17 58:17 62:12,24 63:7 66:12 68:15 71:8 75:15,17 77:1 82:16 84:7 90:17 94:4,13,13 96:23 107:5,19 120:13 120:15 122:20,24 129:7 130:18 132:13 135:7 147:18 150:9 151:23 157:19 <b>year</b> 49:17 50:24 51:1 53:4 59:11 59:12 <b>years</b> 18:16 25:23 30:19 33:3,4 34:1 38:17 39:8 47:23 53:8 66:18 96:10 100:2 <b>Yep</b> 65:14	<b>2:26</b> 1:17 3:2 <b>20</b> 94:2 100:3 161:3 <b>2002</b> 47:15,23 <b>2004</b> 48:2,3 49:9 59:2,9 <b>2005</b> 59:13 <b>2006</b> 59:21 <b>2010</b> 24:15 25:3 45:6 <b>2012</b> 15:20 34:3 36:24 38:9 56:5 91:4 92:12,13 107:13 114:5,16 115:6 116:23 129:17 149:21 <b>2015</b> 1:16 3:1 159:1 160:5,15 162:18 <b>2020</b> 162:22 <b>20th</b> 92:13,14 <b>21st</b> 91:4 92:12 <b>25th</b> 93:7,9 149:21 <b>28</b> 100:2,4 <b>28-year-old</b> 106:6 110:7 <b>280</b> 106:6	<b>5335</b> 1:16 2:8 <b>55</b> 4:9 <hr/> <b>6</b> <hr/> <b>605</b> 110:16 <b>614-309-1669</b> 1:22 <b>6723</b> 1:21 159:9 <b>695</b> 110:15 <hr/> <b>7</b> <hr/> <b>7</b> 1:16 3:1 160:5 <b>75</b> 102:2,15 103:4 103:24 104:3,24 105:5,7,10,16 106:11 <b>77</b> 4:9 <hr/> <b>8</b> <hr/> <hr/> <b>9</b> <hr/> <b>9</b> 90:22		
<hr/> <b>Z</b> <hr/> <b>Zero</b> 58:3 <hr/> <b>0</b> <hr/> <b>04</b> 60:12 <b>05</b> 60:12 <b>06</b> 60:12 <hr/> <b>1</b> <hr/> <b>1</b> 4:8 14:11,14,16 27:2 41:6 44:10 44:20 <b>1,600</b> 25:9 <b>10</b> 90:22 <b>1001</b> 2:3 <b>11-carboxy-Tetra...</b> 118:12 <b>117</b> 1:16 <b>123</b> 2:8 <b>14</b> 4:8,8 159:1 <b>143</b> 90:13 <b>144</b> 90:13 <b>146</b> 90:13 <b>14th</b> 162:17 <b>16</b> 119:17,22 <b>16:00</b> 151:9,11,12 151:14 <b>16:08</b> 150:19 <b>1700</b> 2:4,13 <b>19-year-olds</b> 100:6 <b>19th</b> 107:13 114:5 114:16 115:6 116:23 129:17 <hr/> <b>2</b> <hr/> <b>2</b> 4:8 15:1,3,11,12 41:6 44:10,20	<hr/> <b>3</b> <hr/> <b>3</b> 4:9 55:7,9 56:9,14 57:7 <b>3,700</b> 56:17,19 75:3 126:22 <b>3:14-CV-00158</b> 1:7 <b>3206</b> 77:10 <b>3210</b> 143:15 <b>3293</b> 77:11 <b>33</b> 143:2 <b>350</b> 110:10 <hr/> <b>4</b> <hr/> <b>4</b> 4:9 77:5,8 78:7,19 162:22 <b>4,000</b> 125:4 <b>4:00</b> 150:16,20 <b>400s</b> 106:8 110:9 <b>43017</b> 1:22 159:9 <b>44114</b> 2:4 <b>45202</b> 2:14 <b>45429</b> 1:16 2:9 <b>4th</b> 157:17 <hr/> <b>5</b> <hr/> <b>5</b> 4:4 <b>5:00</b> 133:14 <b>5:24</b> 148:21 <b>5:30</b> 154:3,24 155:5 155:15,19,22 <b>5:34</b> 158:8 <b>50</b> 97:13 127:20,21 128:1,11 <b>500</b> 110:10 <b>525</b> 2:13			